STATE OF MARYLAND 333066 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME AARDDLE 20 DATE OF DEATH MONTH 7h HOUR LIYPE OR PRINT 8:32P THERINE RACE & AGE (IN YEARS EAST BIRTHDAY) 3 SEX YEAR 00 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED NEVER MARRIED WIDOWEDE DIVORCED [Maryland Balto. City IN CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a LISUAL OCCUPATION 12b. KIND OF BUSINESS OR Lutheran Hosp. ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Balto. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) J3a. STATE 136 COUNTY Balto. 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Md. 140 W. Lafavette Ave. 21216 YES IT NO I 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE FIRST / ADDRESS 3952 Lake Brook 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 212-16-4750 Ms. Hildegarde Rhoades Balto., Md. 18 CAUSE OF DEATH Enter only one couse per line for longible and le PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate couse (a), stoting underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T NO 71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY, OFFICE FARM ETC 1 NOT WHILE 22a I certify that (I) (this has tell) attended the deceased from sow the deceased alive on_ empopinion death occurred on the date and hour and from the couses stated obove, (1) (we (did) (did view the body ofter death 226. SIGNATURE DEGREE 221 DATE SIGNED a ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN L Ste 22e ADDRESS d b MPORT

DHMH - 16 60M 7/84

Anatomy Board (VRA 15, 4)

24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

Removal

236 DATE

11/19/85

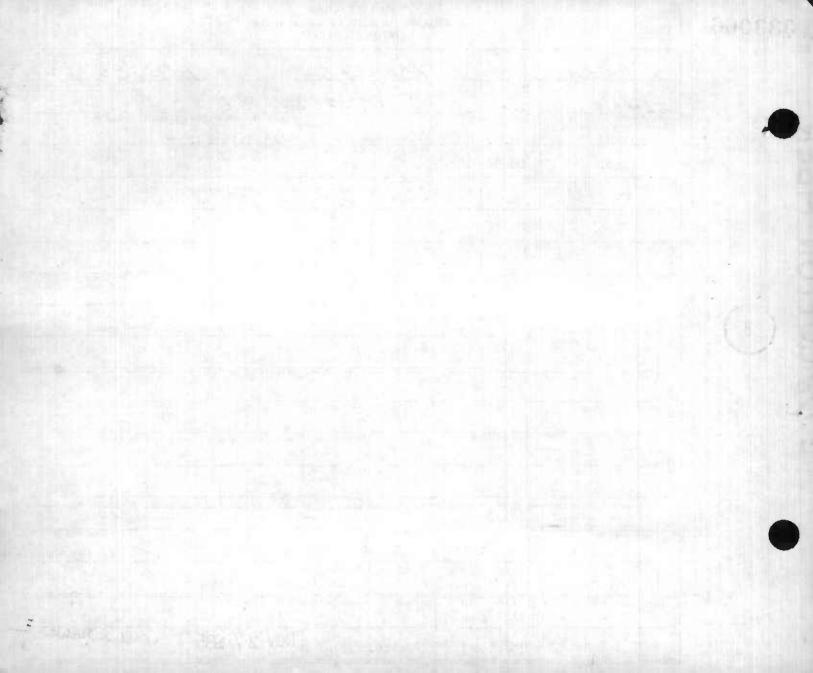
Balto., Md.

23c NAME OF CEMETERY OR CREMATORY

NOW BY 978 1985 AND RECISIRARY SIGNAPORTOR

COUNTY

23d LOCATION CITY OF TOWN



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 323098 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20. DATE OF DEATH MONTH YEAR 26 HOUR DECEASED NAME 012 TYPE OR PRINT ADAMES 10 IF UNDER 24 HRS 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3 SEX 5 DATE OF BIRTH MONTH DAY YEAR while 1-ema10 2 days 21 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY Ballimap 11. C.A. DIVORCED | Many lamo/ WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR ID CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Beilhonon SLOTS KEY MEDICHLEENIED FRANCIS ONE OF OTHER INSTITUTION, GIVE RESIDENCE BEADER ADMISSION) 13d. INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME 14 FATHERS NAME MIDDLE MIDDLE 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (YES, NO OR NOWN) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY REBPIRATORY IMMEDIATE CAUSE (a). Pulmonary Hac Pagmalus ly Conditions, if any, which gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. Haemonhask Inla Chamia

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES | NO I 216. TIME OF INJURY 710 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 21 LOCATION CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from that (1) (we) last

sow the deceased olive on abave, (1) (we) (did) (did nat) view the bady after d 19 55 , and that in (my) (our) opinion death accurred an the date and have and from the causes stated

22c DAJE SIGNED 226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF

PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

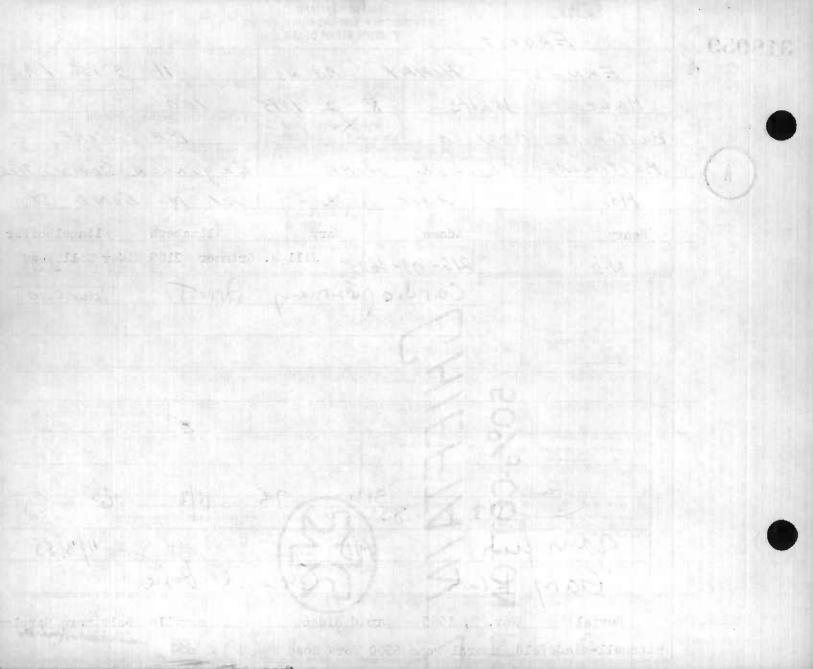
NOTT/NGHAM 23a BURIAL CREMATION, REMOVAL 236 DATE

REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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	27h SIGNATURE	or yew the body after death.	DEGREE		22c DATE SIGNED
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22- 1	HIDIAL COEMATION DEMONS	1921 DATE 192	NAME OF CEMETERY OR COLL	TORY 234 LOCATION	
	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMA	CITY OR TOWN	COUNTY STATE
		23b. DATE 23c Nov. 5, 1985	Druid Ridge	Pikesvi	
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filled in by the funeral director, page 3 guld be filed within 72 hours ofter death

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	o.		
	CEASED NAME FIRST	MIDDLE	L	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
7	Walter		Adams	. Sr.		11 17	85	1346
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	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8		9 BALTIMORE CITY O	1.75.00	FDEATH	
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V	No	GIVE WAR OR DATES) 237-09	9-6561	Walter Adams	Jr,	312	-175	1
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DHMH - 16 60M 7/84

(VRA 15, 4)

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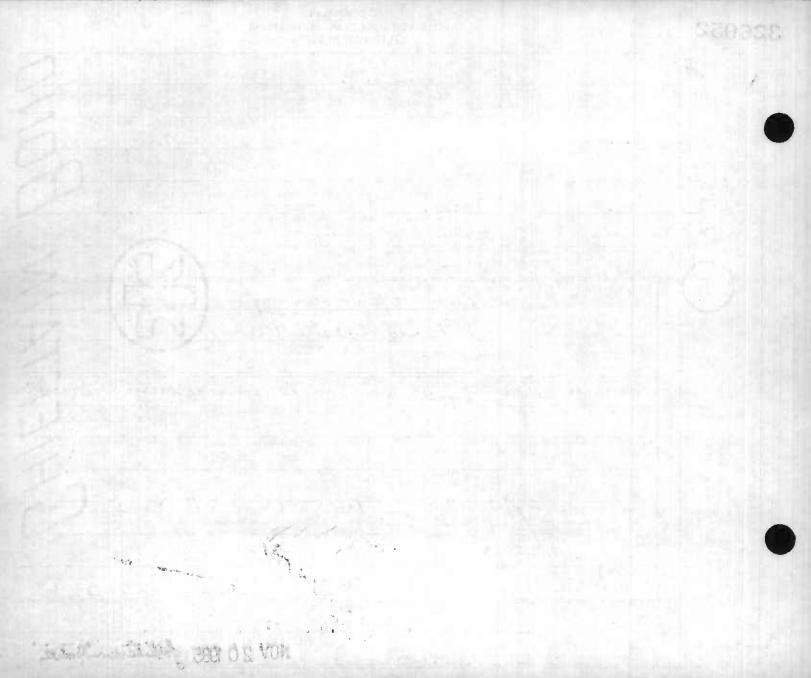
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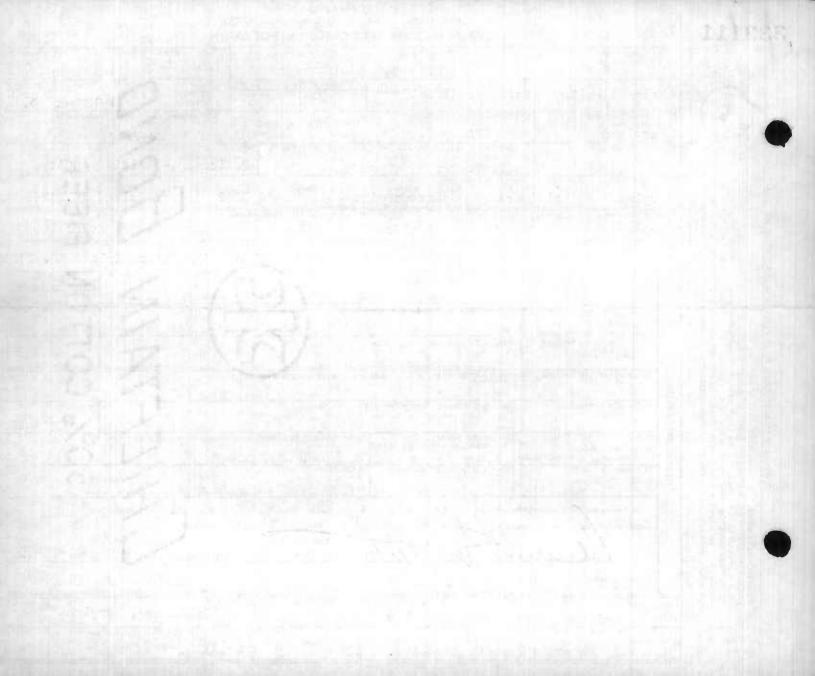
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long 272		RTHPLACE (STATE OR FOREIGN 7) OUNTRY 1 + HE ROCK 15	DIACK IN CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED NORCED	BALTIMORE CITY OF	YRS
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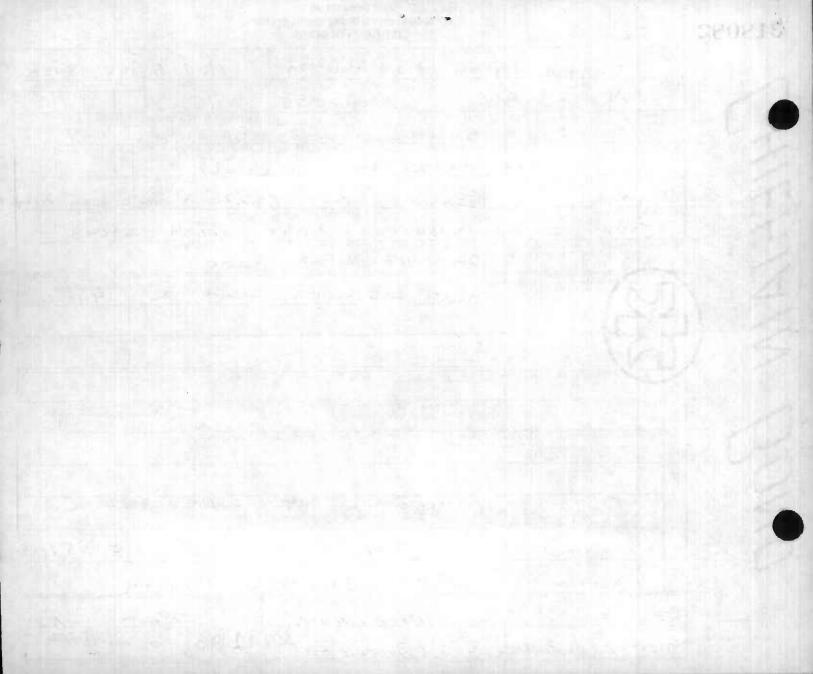
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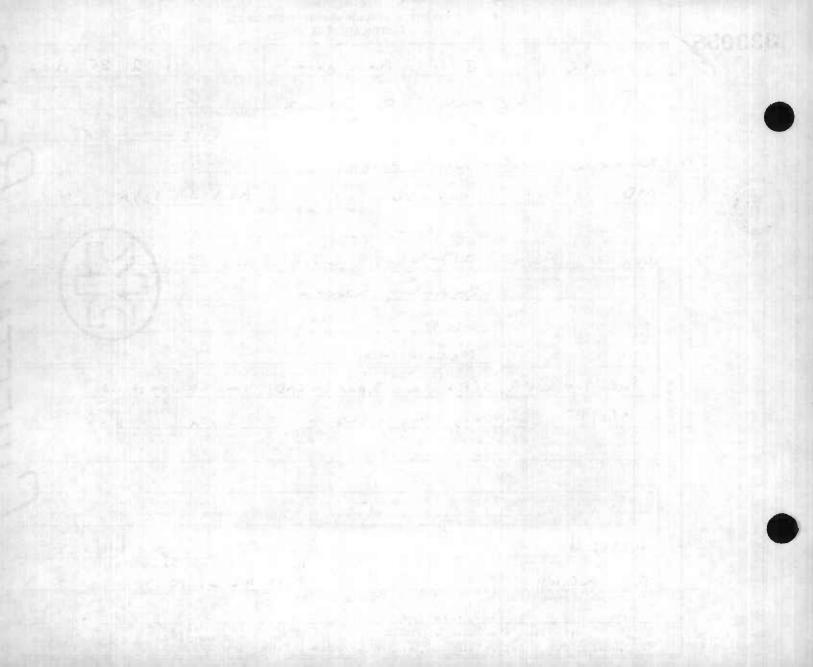
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFIC ATE OF DEATH

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BP			Bu	rial	11/21/1985	Oak La	wn Cemetery		ltimore		Maryland
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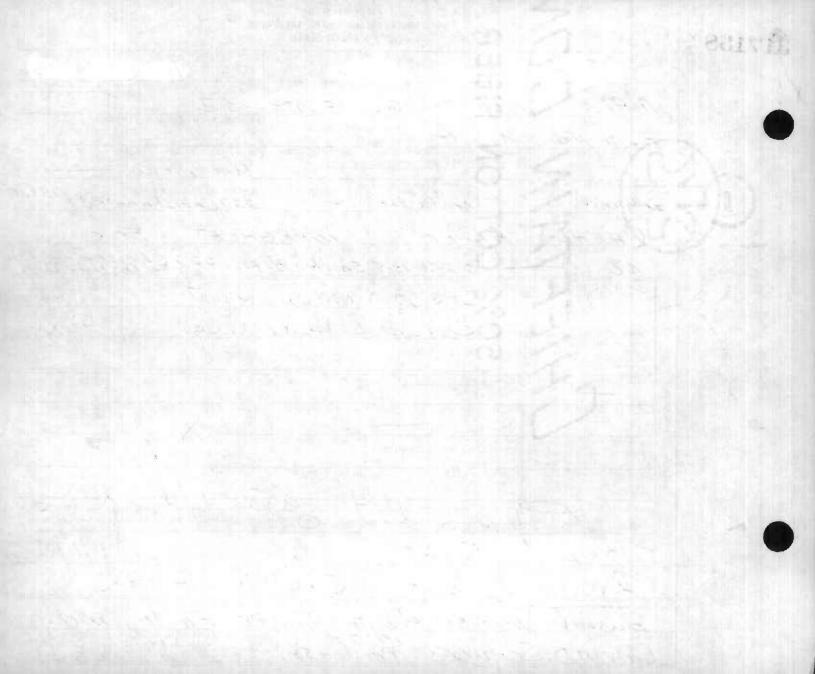
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he law ri an. has been t permit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? YES \(\sum \) NOW	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
g physici g physici errificate iol-fronsi intal Hygi em 18 sh		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)		IN ITEM 18 PART I OR PART 2)
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RATTENDIP hospital or IRECTOR: Al hed for use ept of Healt tem 21 is mo		27a I certify the (1) (this hospiti sow the deceased alive an above (1) we (did/(did not 27b SIGNATURE	ol) attended the deceased from 1985, and that in (our) opinion death occurred an the data view the body after death	e and hour and from the causes stated
0 = 0 0 4		(Jums	MUM ATTENDING MEDICAL STAFF	4 4 4
SPITA LERA LERA Se de		YSICIAN'S NAME (TYPE OR	110 4001255	
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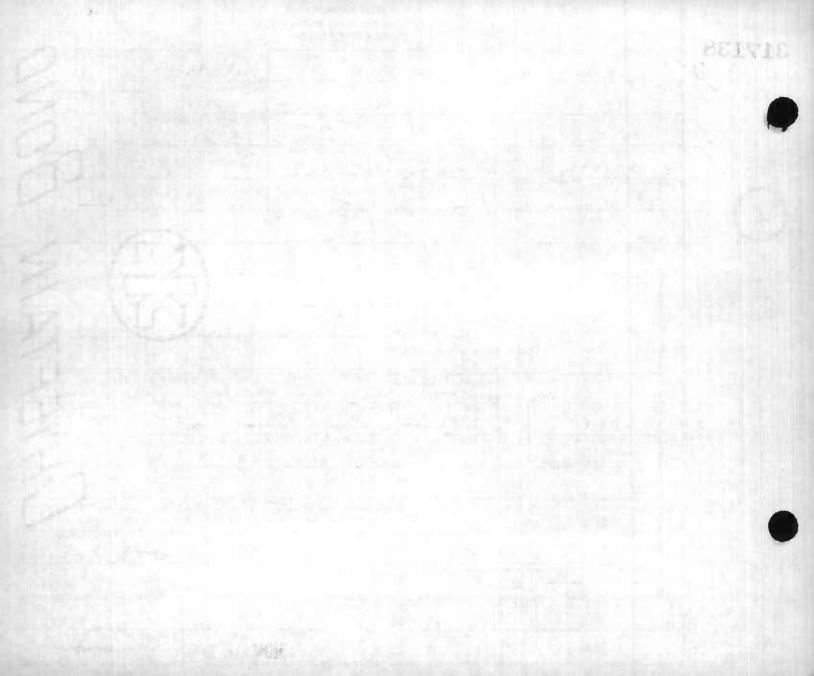
STATE OF MARYLAND



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STATE OF MARYLAND

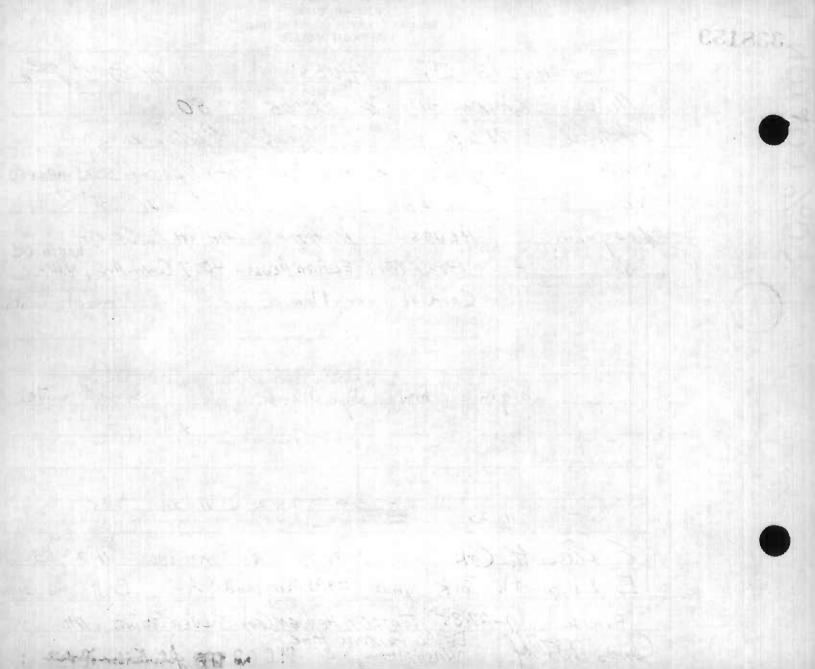


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFIC ATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWNXX KESHAUNA 20. DATE (TYPE OR PRINT) OF ESTI-DEATH MATED KERSHAUNA STON 3 SEX 4 RACE & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 7d HOUR 20 DATE YEAR LAST BIRTHDAY PRONOUNCED pm HOURS 985 DEAD female hlack 6-85 19 11 - 47 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED X FOREIGN COUNTRY! Baltimore City DIVORCED WIDOWED 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE Baltimore N/A Sinai Hospital N/A JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) WITH FORM PM 3 FETAIN F. PAGES I AND 2 SHOULD DIVISION OF VITAINE CORT apt 206 OUNTY 3e STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore Carrol Iton Avenue Md 1024 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Keith Alston Florinea Benton ARMED FORCES? 166 SOCIAL SECURITY NO 7. INFORMANT ADDRESS 206 apt (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) N/A Florinea Benton 1024 N. Carrollton Ave No N/A APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Sudden infant death syndrome OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Conditions, if pny, which gave rise to immediate 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost CREMATION, DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In ED AS A E CERTIFICATION **USED AS** 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, YES X NO [BE DEPARTMENT 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD 0 HOUR A.M. MONTH DAY YEAR UNDERLYING OR PRIOR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY 21f. LOCATION 21d INJURY OCCURRED TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 S AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 PF STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 22e. I certify that I took charge of the remains described playe, held on Autopsy and in my apinion Natural causes X death resulted from Suicide L Homicide Undetermined monner TITLE (SPECIFY) ACTUAL Assistant DATE 1 - 7 - 85 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. Penn Street (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE SPECIFBuria COUNTY Cedar Hill Cemetery Md Anne Arundel BP 07/B4 24 FUNERAL DIRECTOR BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** William C. March F/H West 4300 Wabash Avenue (VR A15 ME (5))

STATE OF MARYLAND

SPECIAL SECTION OF SECTION SEC

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(VRA 15, 4)

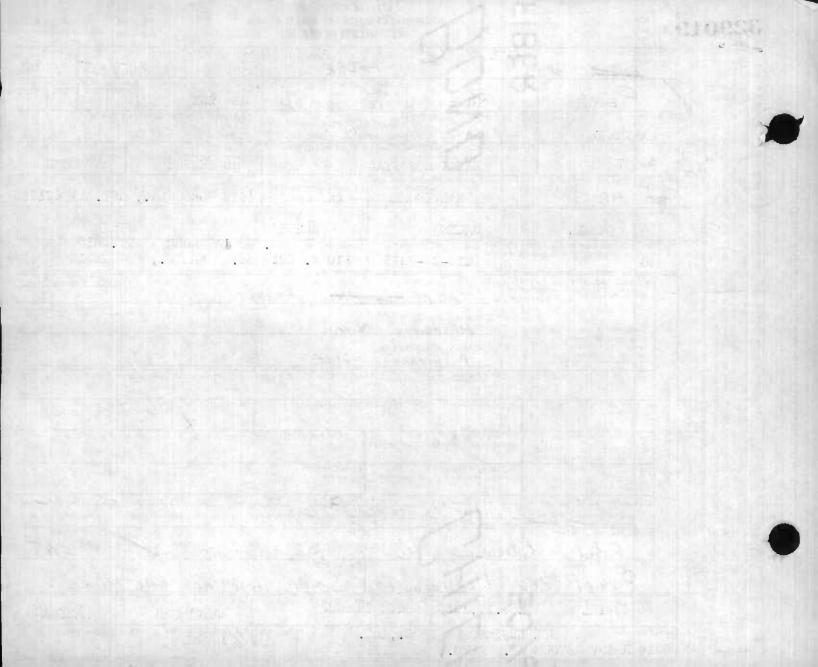
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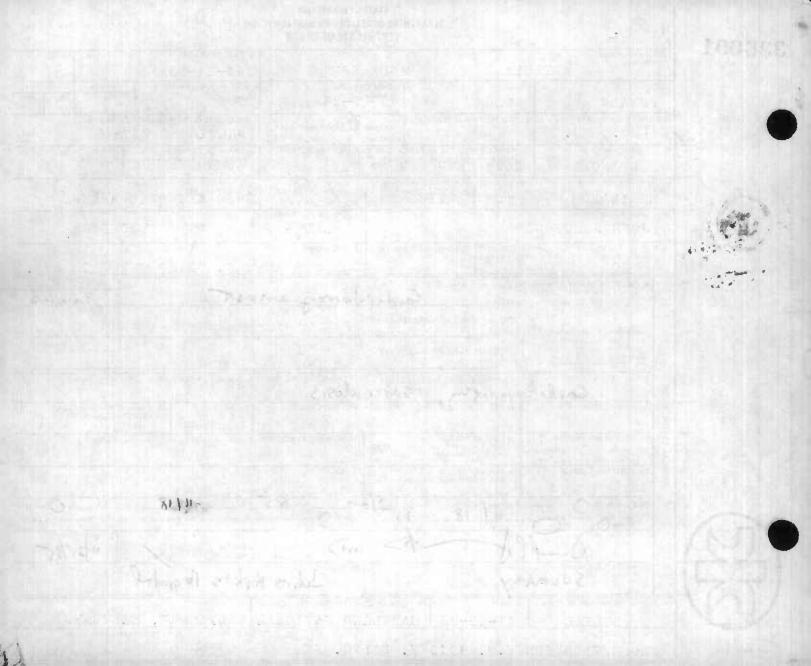
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DHMH - 16 50M 4/83

(VRA 15, 4)



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OR ATTEND e hospital and DIRECTOR. A inched for use or Heal of Heal		220.1 certify that (1) (this hosp	rital) attended the deceased from.	De	nd that in (m) (our) opinion DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	221. DA	that (1) (we) last be causes stated
		27d. PHYSICIAN'S NAME (TYPE C	OR PRINTI		22e ADDRESS	, 1. A	10	
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DHMH - 16 60M 7/84 (VRA 15, 4)

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LULL 1/11/35 Al. SILL GEREAY SUFFUL (SUFFUL), VA.

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO 311065 DECEASED NAME 20. DATE KNOWN LTYPE OR PRINTS OF ANDERSON ESTI-GEORGE Curtis DEATH MATED 4. RACE 5. DATE OF BIRTH IF UNDER 1 YR 2c. DATE 7d. HOUR IF UNDER 24 HRS VERAL DIN. MONTH LAST BIRTHDAY PRONOUNCED 11-1-85 3 12 Male Black 68 DEAD 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR MARRIED TA NEVER MARRIED FOREIGN COUNTRY) 11.S.A. Virginia Baltimore city 10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) 5222 Beaufort Avenue Baltimore 21202 Baltimore 13h. COUNTY 13d INSIDE CITY LIMITS? 633 N. Aisquith St. Apt 13K Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Charlie MIDDLE Diggs Nellie Anderson Apt.13K 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16h SOCIAL SECURITY NO ADDRESS (YES NO, OR UNKNOWN) LIE YES GIVE WAR OR DATES 228-03-9639 Marie Anderson 633 N. Aisquith Street CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (o DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION 190 DATE OF OPERATION USED / 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? MENT OF HE TO BURIAL. 20 AUTOPSY? YES 🗍 NOXX 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY UNDERLYING OR DEPART CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21f LOCATION (AT HOME STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE COUNTY WHILE NOT WHILE TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PATER BEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 220 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted from Natural causes Accident Suicide Homicide Undetermined monner TITLE (SPECIFY) DATE 11-2-85 Assistant MEDICAL EXAMINER SIGNATURE 111 Penn Street Margarita A. Korell, M.D. EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION BURIAL Smithfield Cemetery Smithfield. 11/9/85 Va. 07/84 BP. 256 REGISTRAR SIGNATURE 25M 24 FUNERAL DIRECTOR **DHMH - 17** March Funeral Homes 1101 E North Avenue (VR A15 ME (5))

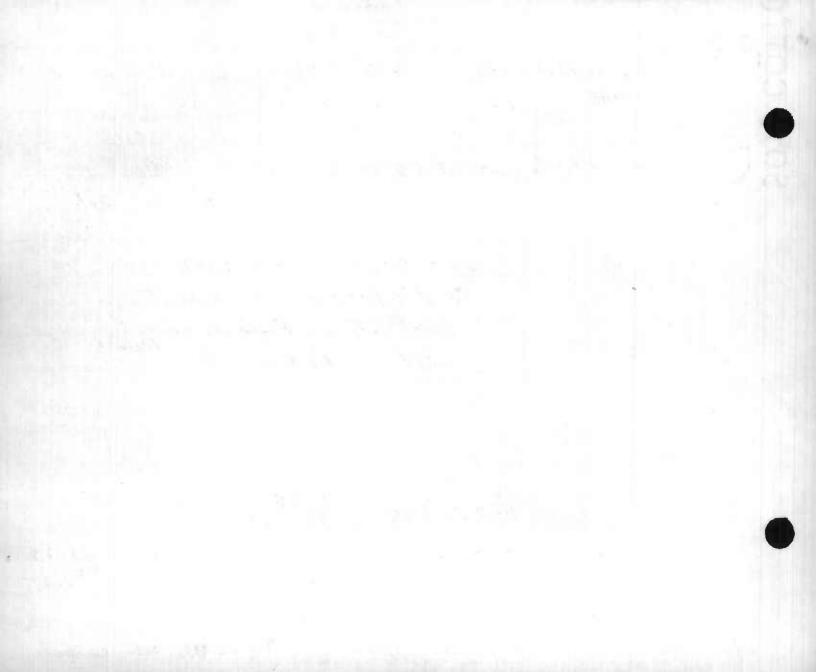
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REGISTRAR	CERTIFICATE OF DEATH

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE	0
CERTIFICATE OF DEATH	

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STATE OF MARYLAND

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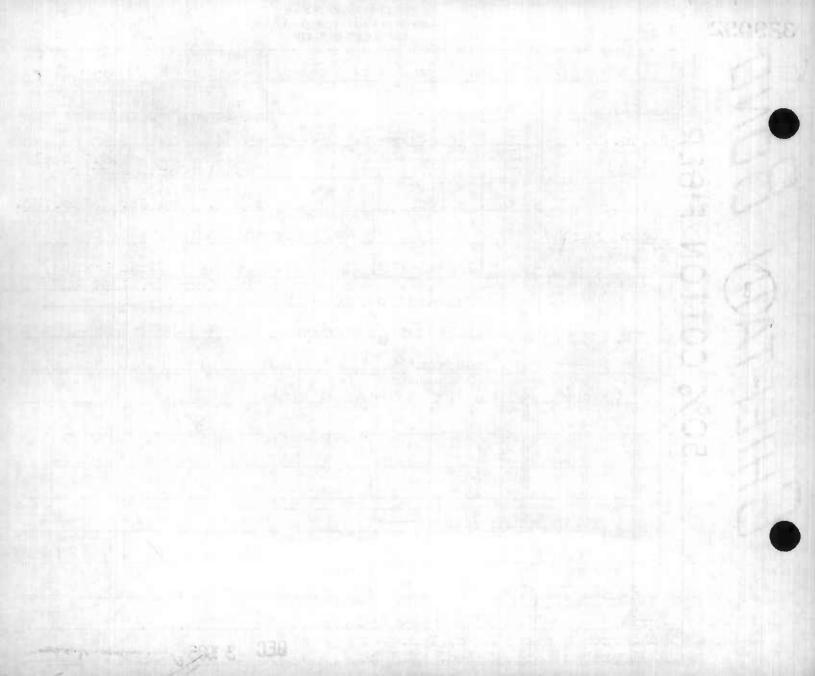
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Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

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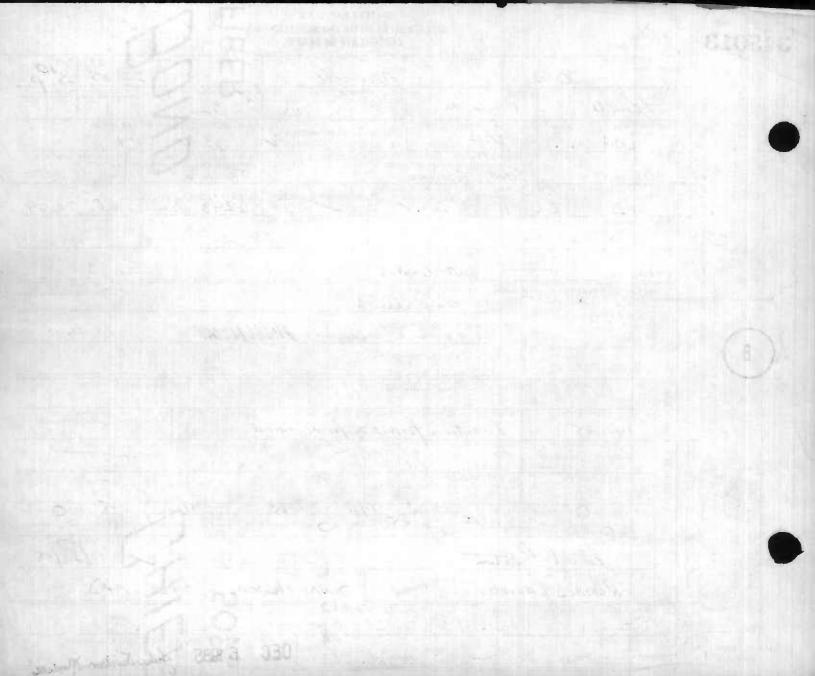
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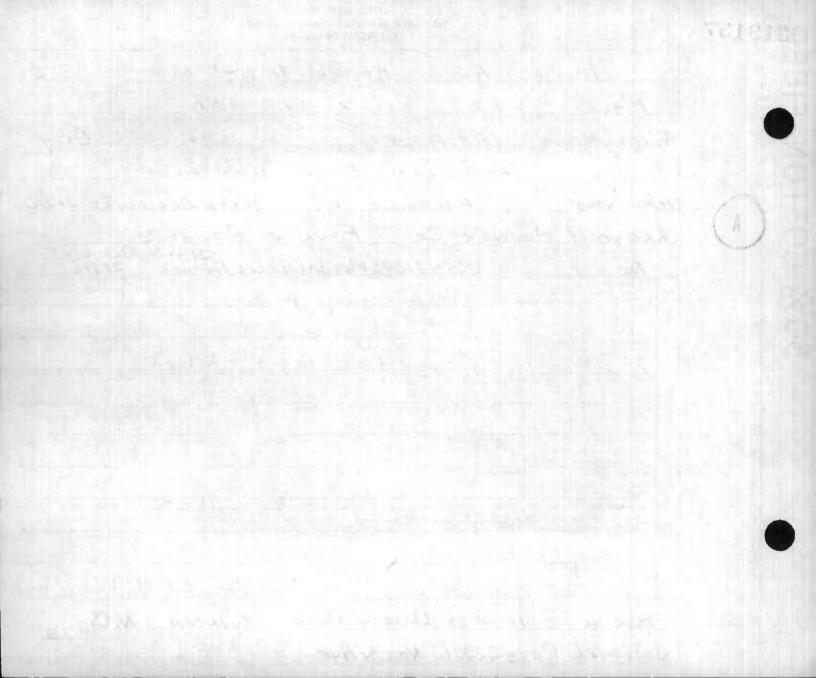
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ATT OSPIN		above (D(we) (did) (did no	it) view the body after death.		DEGREE		22¢ DATE.SIGNED
Oche DIR		220. SIGNATURE	0,			MEDICAL STAFF DIRECTOR PHYSICIAN	- 11/11/16
RAL det	-	27d PHYSICIAN'S NAME (TYPE O	liteda		PHYSICIAN	DIRECTOR PHYSICIAN	(1/4-7/13
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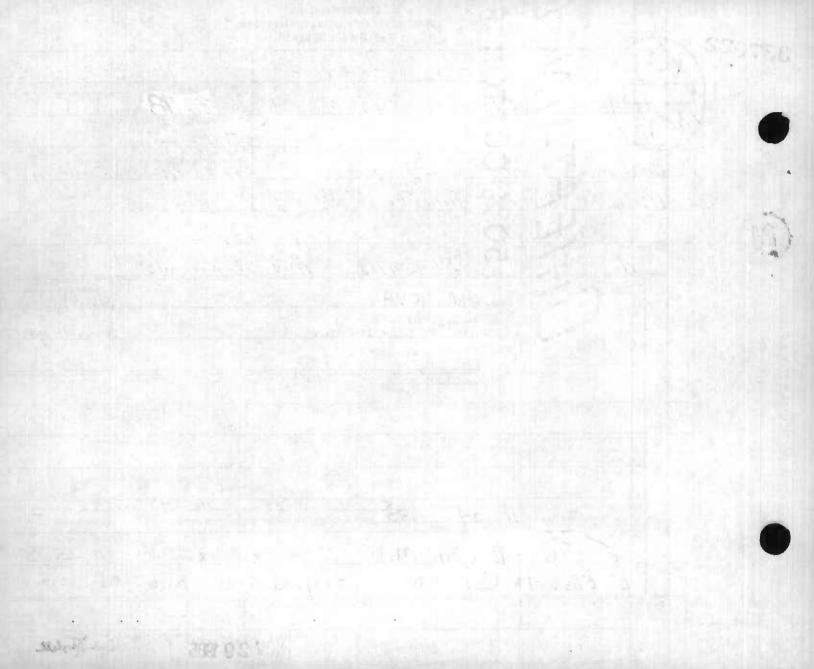


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	ATTENDING PHYSICIAN. The law requires that the death certificate be executed on attending physician.
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death Page 4 uneral directo hin 72 haurs at	No	NALE (U1+17) 11-3-34 3 YRS. RITHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH OUNTRY) RITH CARDLING (1,5) A WIDOWED DIVORCED Rect 1 - 4 MD.									
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ing physician ar broon papers. Pag or removal	(YES, NO OR JINKNOWN) (IF YES, GIVE WAR OR DATES) 235421646 MRS JASPERLEE ARCHER 21316 18 CAUSE OF DEATH (Enter only one cause per line for 101, (b), and icit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RETWEEN ONSET AND DEA MYREST										
quires that the death signed by the attented her please remove of to birdl, cremation, ijury, or ather trouma	NOI	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF Underlying cause last. DUE TO, OR AS A CONSEQUENCE OF DUE									
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TO HOSPITAL Ceroined by the TO FUNERAL D should be detoc with the Store D IMPORTANT: H		A Dube LO ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTO									
BP	23a B	URIAL, CREMATION, REMOVAL 236 DATE 123, NAME OF CEMETERY OR CREMATORY 23 LOCATION WITH COUNTY STATE 11-13-85 CHLIRCH CL5M WINTUM N.C.									
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FL	NERAL DIRECTOR NAME OS 1-14 L, Rus & 2227 W, NORTH AVE 150 DATE REC'D BY REGISTRAP & SIGNATURE LANGUAGE NOW 12 1985									



w002	1	STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MEI CERTIFICATE OF DEA		
337022	K	ECEASED NAME A FIRST	MIDDLE	71 VAST	20. DATE OF DEATH	
1 71 (PEORPRINT) GERAI	10 -	HRICK is	M. DATE OF DEATH	1-25-95 12:05
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THE STATE OF		18 CAUSE OF DEATH (Enter onl	y one cause per line for (a). (b		/ - CECAGO / CECAGO	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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RDS, 20 equites Then pile to burn equity, o	NOI	PART 2 OTHER SIGNIFICANT C	onditions <u>contributing</u>	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CON	DITION GIVEN IN PART 1(0)
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D HOSPIT TO FUNER TO		E. Ellswort	h Gok MJ	270 ADDRESS 243/	nd. ave. Ba	16. Md. 21218
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(VRA 15, 4)		Charles A. Rice	FSPA 1300 Eu	Faw P1,	NOV 29 1985	Davidson-Adada



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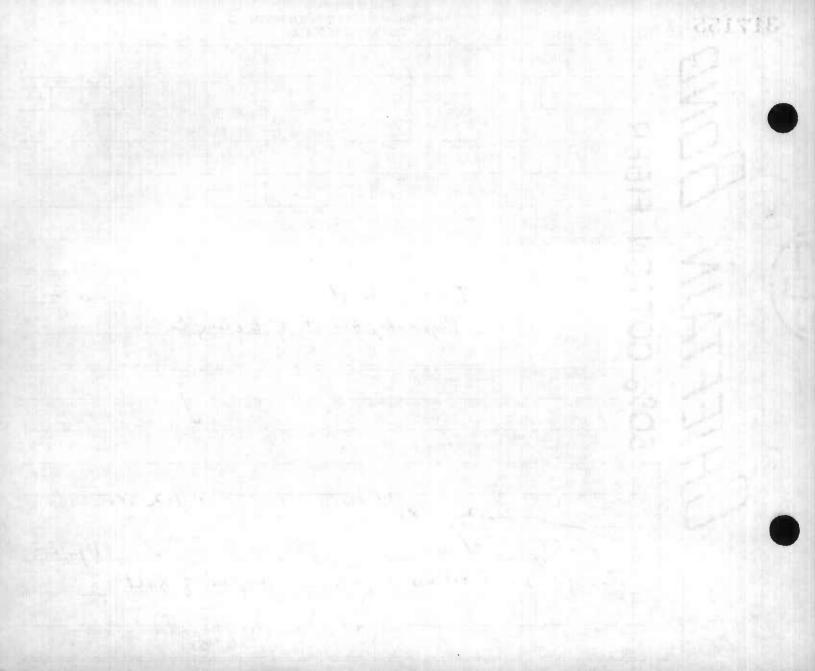
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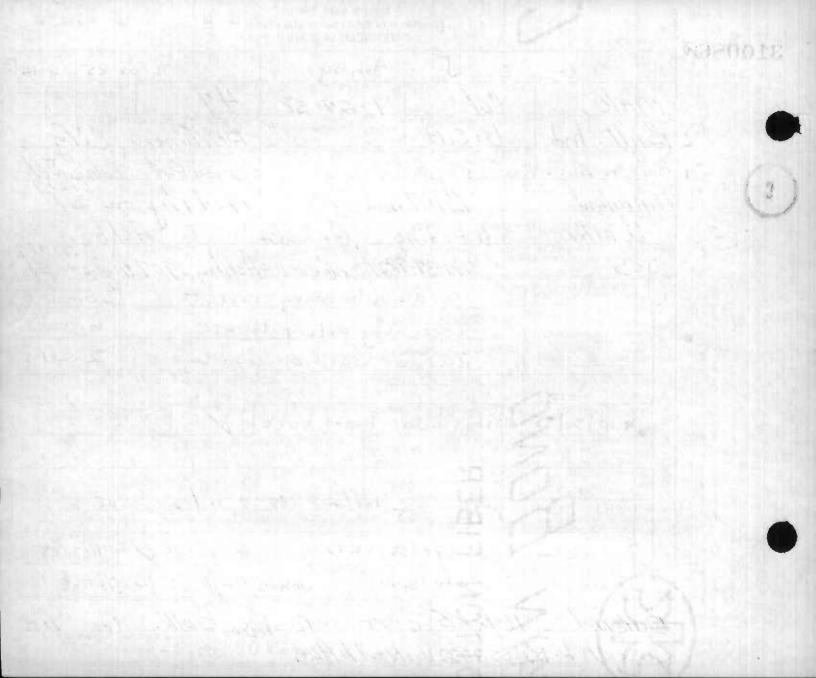
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ING PHYSICIAN The law requires that the death certificate be executed that certificate has been signed by the attending physician. If this certificate has been signed by the attending physician and constructional permit. Then please remove carbon papers. Pages the ond Memor Hygiene prior to buriol, cremation, or removal. orked or them 18 shows any injury, or other traumatic event, the medical process.	CERTIFICATION	Conditions, if ony, w gave rise to immed couse (a), stating	MEDIATE CAUSE DUE hich lide the lost. CANT CONDITIO	TO, OR AS A CO	NSEQUENCE OF	JT NOT RELATED) TO THE TERM	t Lung (DITION GIVEN	N IN PART TO	
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(VRA 15, 4)	Wi	lliam C May	ch F/H W		ODRESS	Avenue	NU	V 08 1985	11		



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310086		FOR STATE REGISTRAR	W. Commission	STATE OF MARYLAND RETMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	REG. NO	
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hos bee		10 30 8	~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	lar heart bloc	YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
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The hand		276. SIGNATURE	in C. Wet	ld with attending	G MEDICAL STAFF	221. DATE SIGNED
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BP	23a.	CHOLA	11-181-85	234 NAME OF CEMETERY OR CREMATOR		6, COUNTY CSTATE
DHMH - 16 50M 4/83 (VRA 15, 4)	TEF	NAME OF L.	24552323U	- + // INIO	V 0 4 1985	Sb. REGISTRAR'S SIGNATURE



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Uli R	1	Md INSTRUMENT IN MARCHAE HOLD OF THE STATE	HTY TO NO THE STREET ADDRESS ZIP CODE	St- 31202
within 12 s	14. F.	ATHER'S NAME	MIDDLE LAST FIRST MIDDLE	LAST
w bed on			iown lenice Austin	
ond cond cond cond cond cond cond cond c		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN] (IF YES G	RMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	0 0 1/
NG PHYSICIAN. The low requires that the death certificate be executed within attending physician. Which this certificate has been signed by the attending physician and completely as the buriolistronsis permit. Then please remove carbon papers. Pages II and 2 so the buriolistronsis permit. Then please remove carbon papers. Pages II and 2 so the buriolistronsis permit. Then please remove carbon papers.		NA	NA Janice wilson ENNIN	Muery No
		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	nly one couse per line for (a), (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			TECAUSE(0) Respiratory Failure	at Birth
			DUE TO, OR AS A CONSEQUENCE OF	
		Conditions, if any, which	1 10) Sevele Prematurity	
	100	couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE OF	
or of			(c)	
urres	z	N = .	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	IN PART Ito
ox in in Th	1 6	19g DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, V	WERE FINDINGS USED
low os b	CERTIFICATION	NO DATE OF OPERATION	IN CERTIFY!	NG CAUSES OF DEATH?
The stoor shows	ERT	210 ACCIDENT WAS UNDERLYING	YES NOW YES 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PAR	NO [
physician Tificate litronside lin		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DAY YEAR	TORPART 2)
YSIC ling ing cer went	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	P) P.M. 19 21e. PLACE OF INJURY 211, LOCATION	
PHY rendir r this the bu	WE	WHILE O NOT WHILE O	LATHOME STREET FACTORY OFFICE, FARM ETC] STREET CITY OR TOWN	COUNTY STATE
ENDING tol or att OR After r use as t Health o		AT WORK AT WORK	ital) attended the deceased from 11/24 19 \$5 to 11/24 19	that (II (we) last
		sow the deceased alive a	1) 124 19 % and that in (my) (our) opinion death accurred on the date and have	
ATT OSP OSP OSP OSP OSP OSP OSP OSP OSP		obove, (I) (we) (did) (did n 22b. SIGNATURE	of view the body ofter death. DEGREE	224 DATE SIGNED
he He H		-	ATTENDING MEDICAL STAFF	
O HOSPITAL TO FUNERAL THOUGH be det with the Store	-	22d PHYSICIAN'S NAME (TYPE		39/168
HOSPI Pluce FUNE World be		- 4		AL SI
TO HOSPITAL (retoined by the TO FUNERAL [should be deta with the State [22.			Or.
	230	BURIAL, CREMATION, REMOVA	CITY OR TOWN	COUNTY STATE
BP	74 E	JNERAL DIRECTOR	11/29/85 250 DATE REC'D. BY REGISTRAR 256 REGISTRA	DIS SIGNIATURE
DHMH - 16 60M 7/84		NAME TO THE COR	100ares	AKS SIGNATURE

(VRA 15, 4)

Anatomy Board

Balto., Md. DEC U.5 1985 guila Tavilla

- Aight - Louis and a second an

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 343003 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH TYPE OR PRINT deo 3 SEX 3. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) Black 21 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 130 STATE 13d INSIDE CITY LIMITS? 301 ST Paul 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17-INFORMANT I (IF YES GIVE WAR OR DATES) (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one couse per lipe for (a), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost a PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION ONO 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20a AUTOPSY? NO 0 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 216 INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN (AT HOME STREET, FACTORY OFFICE, FARM ETC.) NOT WHILE AT WORK 22a I certify that (I) (this hospital) attended the deceased from sow the deceased alive on. obove, (1) (we) (did) (did not) view the body ofter death 226 SIGNATURE DEGREE å ATTENDING MEDICAL STAFF id be deta PHYSICIAN [] DIRECTOR PHYSICIAN 22e ADDRESS MPORT

STATE OF MARYLAND

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN COUNTY STATE DEC OF TOPE 256 REGISTRAR'S SIGNATURE

26 HOUR

176 KIND OF BUSINESS OR

245

IF UNDER 74 HRS

YEAR

IF UNDER I YEAR

INDUSTRY

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

230 BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

236 DATE

Anatomy Board

11/29/85

ADDRESS

Md.

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STATE OF MARYLAND

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BP.

(VRA 15, 4)

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-	STATE	

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I. DECEASED NAME TYPE OR PRINT

1. SEX

STATE OF MARYLAND

BACKHAIIS

5. DATE OF BIRTH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEA

TH	REG, NO.			
	20 DATE OF DEATH MONTH DA	YEAR	2ь нои Р	及.M. 00m
"16		FUNDER I YEAR	IF UNDER	
RIED T	Baltimore City Baltimore City		or.	MD.
TION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Waiter	126 KIND O INDUSTRY Resta		

Male	WILLG	9	9 16	69	YRS	
Maryland	U.S.A.	MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. BALTIMORE CITY <u>OR</u> Baltimore		F DEATH MI
Baltimore	NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A Church Hospita	ADDRESS)	HER INSTITUTION	(Type of work for most of waiter		126 KIND OF BUSINESS OR INDUSTRY Restaurant
USUAL RESIDENCE IN NURSING HOME OR OT 136 STATE 136 COUNTY A.A.	13c CITY OR TOWN	V 13d.	INSIDE CITY LIMITS?	13e SIREEL ADDRESS / 1	venue	21225
FATHER'S NAME FIRST Albert	Backh		AOTHER'S MAIDEN NAM			Niegsch
(YES NO OR UNKNOWN) (IF YES GIVE W			Eleanor Ru	assell Sa	ame as	13e
18 CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED I IMMEDIATE (Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	n v	Myocard NCE OF PS Mell	dial Infai	rction		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO D					
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WA	12 PERFORMED			VERE FINDINGS USED NG CAUSES OF DEATH? NO
On contracting [] court or privile	P.M.	Y YEAR 19	HOW INJURY OCCUR	RED (ENTER HATURE OF HIJURY	IN ITEM 18 PART	ORPART 2)
OR CONTINUITING CAUSE OF BEATH OR EITHER, NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE OF WHILE OF WHILE OF WORK AT WORK OF AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FA		LOCATION	CITY OR TOWN	7	COUNTY STATE
22a I certify that we (this hospital	ottended the deceased from	Oct. 2	6, 19 85 it in (my) (opinion :	deoth occurred on the date	, 19. e and hour a	85 that (1) (we) lost and from the couses stated

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

Walker Impagliatelli

100 N. Broadway

231 NAME OF CEMETERY OR CREMATORY 23d LOCATION 11/6/85 Cedar Hill Cemetery

Balto

COUNTY A. 5TATEMd

24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4

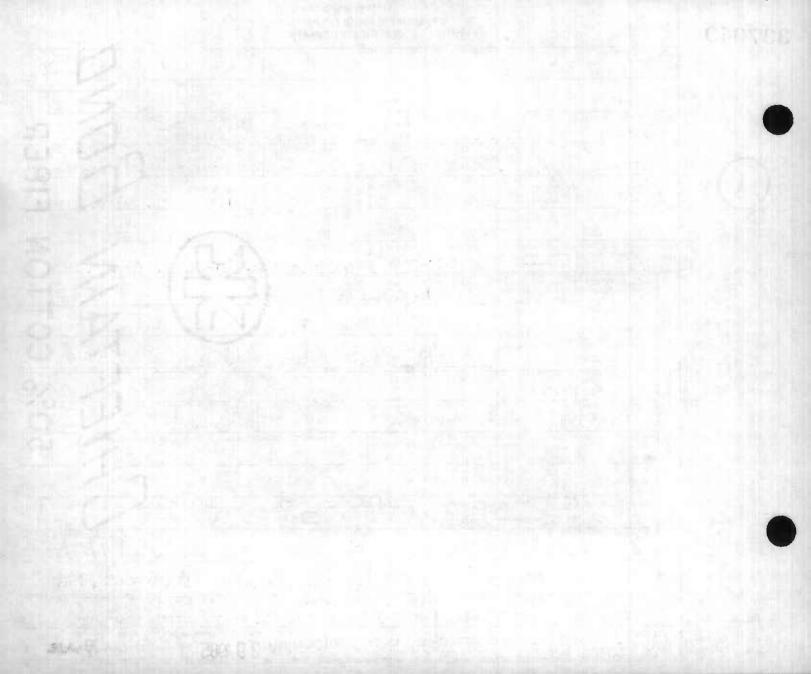
Entombment

230 BURIAL, CREMATION, REMOVAL

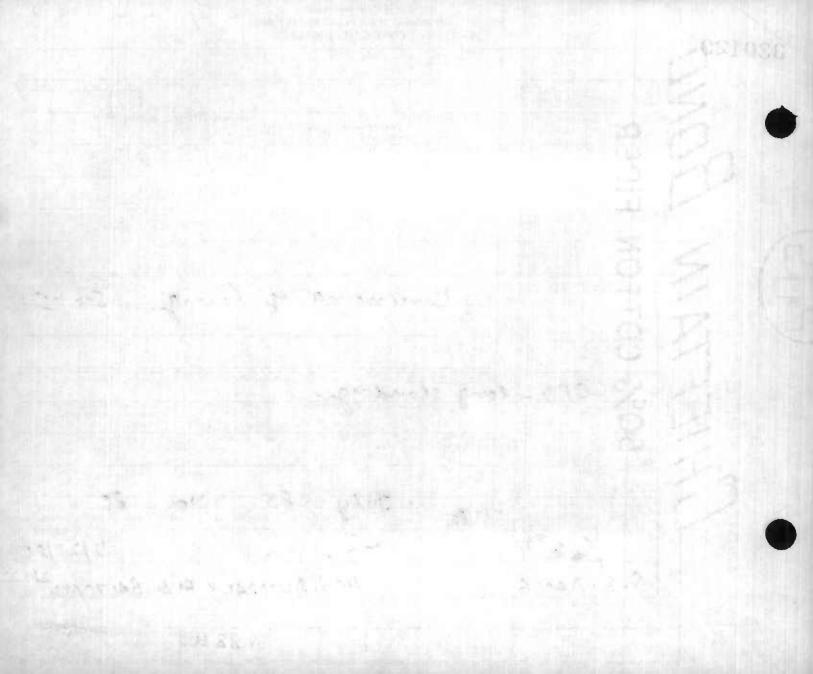
George J. Gonce 4001 Ritchie Hgwy Balto Md

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 100 PM 1985

11/11/2 par 11/14/2 2001 in x [| 200 13h Lyans | 122 | 1 banding this badica rossetti. Common Desert Come se 130 Com DIER-III-II Capture J. James 1001 Mileston Lalto Mt. L. D. Batt



30129		1-	FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	
SULVS			CEASED NAME FIRST OR PRINT)	MIDDLE	LAST	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR	
poge poge		0.51	John	E.	Bailey	November 17, 1985	M
dr. p		3 SE)		4 RACE	S. DATE OF BIRTH S. DATE OF BIRTH DAY 19 19	MONTHS DAYS HOURS MIN	· ·
direct	1	70 RH	Male RTHPLACE (STATE OR FOREIGN	Black The CITIZEN OF WHAT COUNTRY?	8 V	9 BALTIMORE CITY OF COUNTY OF DEATH	_
the funeral of within 72 h	5	Ma	ryland	U.S.A.	MARRIED NEVER MARRIED UNDORCED DIVORCED	Baltimore City,	AD.
by the fu	00		ry or town of death Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET 926 N. Payson	IG HOME OR OTHER INSTITUTION ADDRESS) Street	178 USUAL OCCUPATION ITYPE OF WORK OR WORKING LIFE) AMTRACK AMTRACK	R
24 hour	25	13a. S	RESIDENCE IN NURSING HOME OF TATE 136 COUL	OTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c CITY OR TOW Baltimor	N 136 INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE 926 N. Payson Street 21217	
ithin 2 sho			THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	ME	_
mplete and 2	0		John	Bailey	Emma	Bailey	
ond co	1	16a V	AS DECEASED EVER IN U.S. AR	VE WAR OR DATEST		ADDRESS	
be exe			ES NOORUNKNOWN) IF YES GE	187-05-0	O637 Alma Bailey	926 N. Payson Street	
uires that the death certi signed by the attending is nen please remove carbon a burial, cremation, ar ren ury, or ather traumatic ev		Z	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E	ENCE OF	NINAL DISEASE OR CONDITION GIVEN IN PART 11 a	_
on. has been to permit The ene prior to aws only in	9	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	206 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO	
g physicienterificate	7	-	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)	
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spital or CTOR Af Ffor use of Health				ital) attended the deceased from		. to	ist
by the hour state of the board	1		226 SIGNATURE	77.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF 1) 21 /8	<u>C</u> .
o HOSPITAL etained by t TO FUNERAL should be det with the State			S. S. DAM	16	40 S. DUN	VDALK AUE BALTOMOFT	22
BP		{	urial, cremation, removal SPEBURIAL		rame of cemetery or crematory	Owings Mills,	
DHMH - 16 60M 7/8 (VRA 15, 4)	4		rch ^{ame} Funeral Ho:	mes 1101 East ^{oo} No	rth Avenue	ERECTO SYZEC 1985 236 REQUIRANTS SHOWATURE	



		١.	FOR	D		TE OF MARYL	LAND MENTAL HYGIEN	E 5	30	5 3	1
2	10000		STATE REGISTRAR	MED	ICAL EXAMIN	VER'S CERTI	FICATE OF DEA	ATH REC	G. NO.		
3	18050	1. DE	CEASED NAME FIRST		MIDDLE	LAST		20 DATE KNOW	N N MONTH	DAY YEAR	2h HOUR
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	PLEAS FOUR HOUR STREET	3. SE)	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEAR LAST BIRTHE	EARS IF UNDER 1		2c. DATE PRONOUNCED	MONTH	DAY YEAR	2d. HOUR
	ONS ONS		EMALE BLACK	7/16/8	32 3 Y	RS.	NOWS MIN	DEAD	11-6-		1PM M
	THE SERVICE OF THE SE	FO	RTHPLACE (STATE OR REIGN COUNTRY)	76 CITIZEN OF WH	AT COUNTRY?	8 MARRIED	NEVER MARRIED	9 BALTIMORE CI	_	OF DEATH	
	A STATE OF THE STA		MD TY OR TOWN OF DEATH	USA		WIDOWED L	DIVORCED L	Baltime UAL OCCUPATION	ore City	L KIND OF N	MD
	E HARRY	5		(IF NOT IN SUCH FAC	PITAL, NURSING HOM	E, OR OTHER INST	FOR	MOST OF WORKING LIFE		OR INDUST	
	B2788 -	LISU A	Baltimore IL RESIDENCE (IF IN NURSING HOME O		Longwood E RESIDENCE BEFORE ADMISS	ION)		N/A			
MD: 21261	STATE OF THE	13a S			BALTIMOR	E 13d. INS	IDE CITY LIMITS? 130 STR	N. LON	GWOOD	ST. 21	223
MD.	T NOW	14, F/	THER'S NAME	MIDDLE	TZAI		THER'S MAIDEN NAME			LAST	
3	TAN SER		MICHAEL		BAILE		MARGIE			HARRI	is
IIMO	SE S	-(4	VAS DECEASED EVER IN U.S. AR/		166 SOCIAL SECURIT	IY NO. 17 INF	ORMANT		RESS		
BAL	S.AF GINE PAG MISH		N/A		N/A	MAR	GIE HARRI	S 515 L	ONGWOO		23
15	OURS HE DIV	>	18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE!	2 DV				FY 100		APPROXIMATI BETWEEN ONSE	
0	ALC ALC ACCIEN			TE CAUSE (a)	moke and s		lation	4 1 2			
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W. P	WIT AND		gove rise to immediate cause (a) stating the under-	(b)	AS A CONSEQUENCE	OF					
201	UTED WITHI IN PENCIL EXAMINER SIAL - TRANS D MENTAL HON, OR REA		lying couse last.	(6)							
DIVISION OF VITAL RECORDS, 201	(1)		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO BEATH B	UT NOT RELATED TO THE TER	MINAL DISEASE OR CONE	DITION GIVEN IN PART 1 (a).				
00	D BE EXECTED BY WEDICAL AS A BU CREMAT	NO	255 DM - C								
2	AL, OHE	CAT	190 DATE OF OPERATION	196. CONDIT	ION FOR WHICH OPE	RATION WAS PERI	FORMED?			20 AUTOPSY	?
VIT	SHOUL ORD "P CHIEF BE USED AT OF H	CERTIFICATION	av evecanial called the	AV. 70.05 a.c.						YES 🗌	NOXX
0	MNER: THIS CERTIFICATE SHOW FICATE, WRITING THE WORD FE FORWARDED TO THE CHIE CTOR: PAGE 3 SHOULD BE USE THE STATE DEPARTMENT OF UAND, 21201 PRIORTO BURIA	II CE	210 EXTERNAL CAUSE WAS UNDERLYING XOR CONTRIBUTING CAUSE OF I	13 TIME OF	MONT 11-6-85	Cauch	ury occurred (ENTER)		M 18 PART T OR PART	2)	
Sion	SHOP TO	MEDICAL	214 INTURY OCCUPPED		FINJURY (AT HOME.	21f LOCATION		11.0			
DIV.	S CEI	ME	WHILE NOT WHILE C	STREET FACTO	DRY, FARM, ETC.1	517 N		CITY OR TOWN B	altimore	Mary	ใลก็สี ^เ
	E, WA		THE RESIDENCE OF THE PARTY OF T						a formor c	9 11013	
	AN A SO SHA		22a. I certify that I took charg		AFTE	Autopsy L	, Inspection X,	Inquiry L,	ond in my opin	ion	
	REC BE		death resulted fram: Notur	ral causes , _	Accident XX St		omicide Undet .E (SPECIFY)	ermined manner			
	ICAL EXA THE CER SHOULD BRAL DIR SATH, WI		ACTUAL SIGNATURE	ete Im	Soull		ccictant MED	ICAL EXAMINER	DATE	11-7-8	5
	PEA SHA		cvampiene mane Ma	hannita A	Korell,M.		111 Penn		3101420		
	TO MEDICAL EXAMINER EXECUTE THE CERTIFICAT AGGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR, AFTER DEATH, WITH THE BALTIMORE, MARYLAND		(TYPE OR PRINT)			ADDRES	55				
	202729	23a.B	JRIAL, CREMATION, REMOVAL 2 PECIFY)			METERY OR CREM	ATORY 23d. LC	OR TOWN	COUNTY	ST	TATE
07/84 25M	BP	24 51	BÚRIAL JNERAL DIRECTOR	11/11/8	35 CEDAR	HILL CE		ALTIMOR			1D
	DHMH - 17 (VR A15 ME (5))		M. C. MARCH 1	101 E N	TODEL AVE		1250 DATE REC'D BY	085	REGISTRIARSSID	THE WAY	
	(AK WID WE (3))	FA1	1. C. PIARCH I	TOT E. I	OKIN AVE	•	Tana Ton W	0			

FOR STATE STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

ч		REGISTRAR			CERTII	ICAILOI	DEMIII		REG. N	0.				
		EASED NAME FIRST		MIDDLE	ı	AST		2a DATE C	FDEATH	MONTH	DAY	YEAR	2b HO	UR
	(ITPE	GILMOR	E		BA	KER		11111		11	17	85		М
	3. SEX		4 RACE		5. DATE C		YEAR	& AGE (IN	YEARS LAST BI	RTHDAY)	IF UN	DER TYEAR	IF UNDER	R 24 HRS
		MALE	Bl	_ACK		9 16	1907	78		YRS		S DAIS	1.00%3	Protest,
5		THPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER	MARRIED -	9 BALTIM	ORE CITY	R COUN	TY OF I	HTASC		
5		RGINIA	U. 9	5. A.	WIDOWE		NORCED	Balt	imore	City	y			MD.
^	10 CIT	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER IN	TITUTION	120 USUAL	OCCUPAT	ION	13	2b. KIND O	F BUSIN	FSS OR
-	Ва	altimore		V. Roseda		reet			horem			la St	eams	
0	130 S	L RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFORE		13d INSIDE	CITY LIMITS?	13e STREET	ADDRESS	/ ZIP CO				
4	Ma	aryland		Baltimo	re	YES X	NO 🗌	St. E	altim	ore,	Mai	ylan	d 21	216_
	14. FA	THER'S NAME	MIDDLE	LAST		15 MOTHER	'S MAIDEN NA	ME	WIDDIE			LAS	T	
1		Allen		Baker		Em	ily			(Dish	nmond		
		AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORM	ANT	E. 117	207PR	Ahaco	osti	ia Av	e. N	. E.
		No.		216-05-0	432	Bernad	ette M.	Banks	Wash	ingto	on,			
		18 CAUSE OF DEATH (Enter or	O DV		d I c		0	11	10	0		BETWEEN	MATE INTE	RVAL D DEATH
		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (0)	avoil (ongh	estica	flour	for	Ken			13	3 4	nes
				R AS A CONSEQUE	NCE OF				11				/	
		Conditions, if ony, which gove rise to immediate	((b)_	ongest	110	my	ocnid	apri	Pm)					
		couse (a), stating the underlying couse lost	DUE TO, O	R AS A CONSEQUE	NCE OF			/	/					
	C.	onderlying coose lost	(c)											
7	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEA	SE OR CON	IDITION G	SIVEN I	N PART III	0	
-	CERTIFICATION	190 DATE OF OPERATION	19h COND	ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUT	OPSY?	20b. IF Y	res, we	RE FINDIN	NGS USE	D
1	IFIC							YES 🗆	NO		TIFYING	G CAUSES	OF DEA	
	ERT	21a. ACCIDENT WAS UNDERLYING				21c HOW I	NJURY OCCURE						140 [
1		OR CONTRIBUTING CAUSE OF DE	NI II		YEAR									
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINES 21d INJURY OCCURRED	21e PLACE	M. OF INJURY	19	211 LOCAT								_
	ME	WHILE NOT WHILE AT WORK	(AT HOME ST	REET FACTORY OFFICE F	ARM, ETC)	STRE	1		CITY OR TO	DWN		COUNTY		STATE
		22a. I certify that (I) (this haspi	tol) ottended th	e deceased from	0-	18	19 7 3	to	11-6		. 19_	PI	that (I)	(we) lost
١		saw the deceased alive on above, (1) (we) (did) (did no		-6 19 9	PSC. or	nd that in (m)) (our) opinion	deoth occurr	ed on the a	ate and h	oui one	from the	couses st	toted
		22b SIGNATURE)	I view the body	arrer dedin.		DEGREE		>				22c. DATE	SIGNED	
		m-	hen.	4			PHYSICIAN PHYSICIAN	MEDICAL	STA PHYSI	FF CIAN				
Т		224. PHYSICIAL MAME (TYPE C	OR PRINT)			22e ADDRE			. /					1
		1114-	CHE	NLI	5/2	Un	1. 4-1	red 1	405	? 1	506	10	1.1.	nd
		URIAL, PREMATION, REMOVAL	23b DATE	23¢ N	NAME OF C	EMETERY OR	CREMATORY	23d LOC	ATION Y OR TOWN		1:0	HIBITY		STATE
		Burial	11/23			n Ceme	tery			Balt	imor	e, M	aryl	and
		NUTATE RECORSONS F					25a PAF	TREC'S BY	REGISTRA	25b. REGI	STRAR	2 SIGNAT	House !	THE STATE OF THE S
	25	01 Gwynns Fall	s Pkwy.	Baltimor	e, Md	. 2121	6	0 4 20 2	. 1000	0		16.5		

DHMH - 16 60M 7/84 (VRA 15, 4)

72005	1 - ST				DEPART	MENT OF H	OF MARYLAND EALTH AND MENT ICATE OF DEAT			5. NO.	3 0	5 3 9
339065	1. DECEA	SED NAME	FIRST		MIDDLE	ι	AST .		o. DATE OF DEAT		DAY YEAR	2b. HOUR
oge 3	11116001		JACK	WI	LLIAM	BAK	ER	1	OVEMBE	R 26.	1985	11:11PM
fer of	3. SEX			4 RACE		S. DATE C		YEAR 6	AGE (IN YEARS LAS	T BIRTHDAY)	MONTHS DAYS	HOURS MIN.
s o s	and the same of	lale	10-1	Whi			st 16, 19	28	57	YRS		
a de	COUN	irginia		United	States	WIDOWE		CED [BALTIMORE CIT	ORE CI	YT	MD.
1	IN CITY O	OR TOWN OF DEA	ATH		HOSPITAL, NURSI		R OTHER INSTITUTI		TYPE OF WORK FOR MC			OF BUSINESS OR
		CIMORE		THE JO	OHNS HO	PKINS	HOSPIT	AL	Transpor	t-Mgr.	Acme	-markets
S3 mplere Hilled in and 2 shortd be	Mar	esidence (if nurs e vland R's NAME FIRST Greene	Anne	Amindel	Pasaden Baker		13d. INSIDE CITY LIJ YES NO 15. MOTHER'S MAI FIRST	V	MIDDI	hwood]	Dr./21	122 vst
10 2 3 1		DECEASED EVER		MED FORCES?	166. SOCIAL SEC	URITY NO.	17 INFORMANT		AD	DRESS		and Dm
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thot the cose remo	CC	ove rise to imm ruse (a), statin iderlying couse	g the	DUE TO, O	R AS A CONSEOL	JENCE OF 7	dispothe	car	dismyope	thy	2	5 years
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Clay I	0.00	CONTRIBUTING C	CAUSE OF DEA	TH HOUR A.		DAY YEAR	21c HOW INJURY	OCCURRE	ENTER NATURE OF	INJURY IN ITEM 18	PART I OR PART 2)	28
G PLYS	210	INJURY OCCURE	RED	21e PLACE			211 LOCATION STREET	_	CITY C	OR TOWN	COUNTY	STATE
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AL OR A The hos AL DIREC Betached are Dept. II. If them	228	SIGNATURE	VI	way (/pas		DEGREE ATTEN PHYSI		MEDICAL S	STAFF YSICIAN X	220 DAT	26/87
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0 å 5 ¾ ¥ ¥	23a BURT	AL, CREMATION,	REMOVAL	23b. DATE		NAME OF C	EMETERY OR CREM.	ATORY	23d LOCATION	N	COUNTY	STATE
BP		Burial		Nov.30	,85 H	loly Cr	oss Cemet		Brookly		e Arund	el, Md.
DHMH - 16 60M 7/84		RAL DIRECTOR			3204 Mour		ka.	250. DATE I	00		TRAR'S SIGNA	TURE
(VRA 15, 4)	Mo	Cully Fu	meral	Home/	Pasadena	, Md.	21122	0.	- 3 BC	N C	A COLUMN	1.4.3

F/H INC.

(VRA 15, 4)

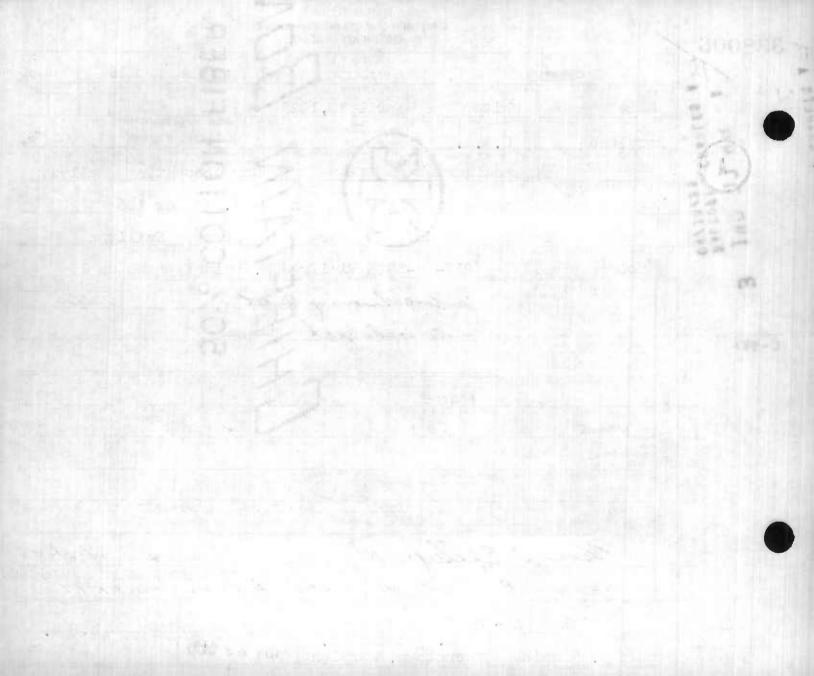
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE

HTLL S 11:23-85 BALT MORE CHARLEST SEC LINES AND JOHT CECK AND TRESTON PHONESTONE BEASEIN TELS DILEMAN SAULINE - MURT ULTO/AS PHILLIPM WEST DISEASE calu Pa refu 11/28/35 Das S. GARRIER ST. THEY STATE THEY ARE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

-220000	STATE REGISTR		Di		IEALTH AND MENTAL HY			
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. 0.00	1. DECEASED N				A31			26 HOUR Z
1 10	Later of	CHARLE			LDOFF		26, 1985	4:0
	3. 5EX		4. RACE	5. DATE C		& AGE (IN YEARS LAST BI	RTHDAY) IF UNDER 1 YEA	
- 5 H 00	Male		White	Apri	1 30,1923	62	YRS	
2 42 21		(STATE OF FOREIGN	TE CITIZEN OF WHAT COL	INTERVAL 9		9 BALTIMORE CITY	OR COUNTY OF DEATH	
1 10 10/9	Marvl	and	TT C A	WIDOWE	D NEVER MARRIED DIVORCED	BALTIMO	RE CITY	
	LIO CITY OR TO		11. NAME OF HOSPITAL,			120 USUAL OCCUPAT		OF BUSINESS
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1 2011	PART	I. DEATH WAS CAUSED	N DV	. 1				Color
1 221	37	IMMEDIAT	E CAUSE (a)	hopela	mary con	ear	300	acr
4 93 9			DUE TO, OR AS A CO	NSEQUENCE OF	2 1			
- E - E - E - E - E - E - E - E - E - E		ons, if any, which	(b) Go	wesoph	agent c	ance		
10-10世界111		ise to immediate	DUE TO, OR AS A CO	NICEOUENICE OF	0			
0 7101		ng cause lost.	DUE TO, OR AS A CO	N2EOUENCE OF				
2 345 9	PART 2 (OTHER SIGNIFIC ANT C	ONDITIONS CONTRIBUTE	NG TO DEATH BUT	NOT RELATED TO THE TER	DANINIAL DISEASE OF CON	IDITION CIVEN IN PART	lia
10 mm	3	JINER SIGNIFICANT C			NOT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVEN IN PART	Tru
1.02-7	I I DATE	OF OPERATION	NON TIPS CONDITION FOR		NI WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND	OINGS LISED
1 4 6 6 /	9		176 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED		IN CERTIFYING CAUS	ES OF DEATH?
41 1111	DE	ONE		•		YES NO	YES 🗌	NO 🗌
21 3 1 2		DENT WAS UNDERLYING DENT	216. TIME OF INJURY	TH DAY YEAR	214 HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART 1 OR PART 2)
3 2 2 3 E		R NOTIFY MEDICAL EXAMINER)	In .	19				
E4 131 1		RY OCCURRED	21e PLACE OF INJURY		211 LOCATION	CITY OR TO	OWN COUNTY	STATE
T = 17 7	₹ metap	NOT WHILE	(AT HOME STREET FACTORY	OFFICE FARM ETC 1	STREET	CITY OR TO	JWN COUNTY	STATE
A 4 4 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	22-1	AT WORK	h a Libert	11/10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11/2	6 9 PA 19 85	
Z 5 E 5 E 4			al) attended the deceased		19 <u>3</u> S	/		_, that (I) (we)
E # E # # E	abov	re, (1) (we) (did) (did nat	view the bady after death	h 19, or	nd that in (my) (aur) opinio	on death occurred on the o	late and hour and from th	ne causes stated
· 2 电光音量	22b SIGN	ATURE	- 1		DEGREE		22c. DA	TE SIGNED
7 7 7 7 7 7 7		Horren.	1 BOUV	1,00 A	ATTENDING PHYSICIAN	MEDICAL STA	CIAN A	26/85
F 1 8 1 8 2 1	27d PHYS	SICIAN'S NAME (TYPE OR	PRINT)	4001	-			25 205
HOS Held by Clid by		1-		0	000	N. WOLFE ST		
01 034 8		KEVIN	BILLE	PS MD	JOHNS	HOPKINS	HOSPIT	AL
21 6212		REMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
BP	(SPECIFY)	Burial	11-30-85	Rest H	laven Cemet	Arr Harons	TOUNIY	STATE
	24 FUNERAL D			Potoma	0 C+ 250 D	ATE REC'D. BY REGISTRAR	256 REGISTRAR'S SIGN	ATURE
DHMH - 16 60M 7/84	NAME		-1 TI-	DDRESS		UV 29 985	THE STATE OF THE S	
(VRA 15, 4)	Gerald	N. Minni	cn Hagers	stown. P.	laryland i	01 20 200		



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	REGISTRAR				CERTIF	ICATE OF DEA	ATH	REG. NO.			
Н		CEASED NAME	FIRST	A	AIDDLE	i.	AST			NTH DA	AY YEAR	26 HOUR
	(TABE	OR PRINT!	VILBU	R	JOHN	B	ALDWIN		1	1 16	6 85	11:53P M
Y	3. SE			4 RACE	00111	5. DATE C	OF BIRTH		6. AGE (IN YEARS LAST BIRTHD	AY) I	FUNDER I YEAR	IF UNDER 24 HRS
		MALE		W	HITE	MONTH		20	65	YRS	ONTHS DAYS	HOURS MIN.
1		RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MAI	RRIED 🗆	9 BALTIMORE CITY OR	COUNTY	OF DEATH	
2		IARYLAND		U.S.A		WIDOWE	DNO	RCED 🔲	Baltimore	City	У	MD.
1	10 CI	TY OR TOWN OF DEA	TH		HOSPITAL, NURSIN		OR OTHER INSTITU	NOIT	120 USUAL OCCUPATION			OF BUSINESS OR
		Baltimore			orrell Pa		venue		Checker			ler's
1		AL RESIDENCE IN NURS	136 COU		GIVE RESIDENCE BEFORE		13d. INSIDE CITY	LIMITS?	13e STREET ADDRESS / Z	IP CODE		
party.		ryland			Baltimo	re	41		1814 Morrell	Parl	k Aven	ue 21230
0	14 FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S M		AE MIDDLE		LAS	51
U	1	Earl			Baldwin			therin			Unavai	.lable
1		VAS DECEASED EVER		RMED FORCES?	16b SOCIAL SECU	IRITY NO.	17 INFORMANT		ADDRESS		212	30
		YES		WW II	218-07-	2998	Alverta	a Bald	win 1814 Mc	rrel	l Park	Ave.
		18 CAUSE OF DEATH	H (Enter of	nly one cause per	line for (a), (b), an	d (c)		7	un Annin	Λ	BETWEEN	ONSET AND DEATH
		TANTI. DEATH		TE CAUSE (a)				cin	- Avice	7		THE
				DUE TO, OF	R AS A CONSEQUE	ENCE OF	1	an H	of all the	le	11	
		Conditions, if any, gave rise to imm		(b)		-	Y	A			13	
		cause (a), stating	g the	DUE TO, OF	R AS A CONSEQUE	ENCE OF		NI	CV		10	f
				(c)				· ·			,	
	NO	PART 2 OTHER SIGN	VIFICANT	CONDITIONS <u>CC</u>	NIKIBUTING TO I	DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OR CONDIT	ION GIVE	N IN PART TO	a
1	ATIC	190 DATE OF OPERAT	ION	19b CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORM	ED	200 AUTOPSY?	OF IF YES,	WERE FINDI	NGS USED
	CERTIFICATION			36.57					YES NO NO	N CERTIFY YES		OF DEATH?
à	CER	210. ACCIDENT WAS UND	-	216. TIME O	FINJURY M. MONTH DA	AV VEAD	21c HOW INJUI	RY OCCURR	ED (ENTER NATURE OF INJURY I	NITEM IS PAR	RT I OR PART 2)	
7	AL	OR CONTRIBUTING C		Altr.		19						
	MEDICAL	214 INJURY OCCURR	RED	21e PLACE	OF INJURY	516 1	211 LOCATION		CITY OR TOWN		COUNTY	STATE
	X	AT WORK NOT WH	INE	(ALHOME SIK	EET, FACTORY OFFICE F	ARM, ETC.)	3.462.	455	- 11/		Ca	
		220.1 certify that	the hosp	ital) attended, the	1 1/			19		1	903	that (I) (we) last
		saw the decease	ed alive or	of sight the broke.	sifes death. 19	01	nd that in my (au	r) apınıan d	leath occurred an the date	and hour	and from the	couses stated
П	1	27 AKSNATURE		EN -	No.		DEGREE				221 DAJE	9 IGNED
		60	37	12000	JV \	\	ATTI	ENDING ISICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	ND	1	1101/80
1		224 PHYSICIAN MA	IME ITY	OR PRINTS	E PART Y	-	22e ADDRESS					
1		Raymond	Barr				St. Agr	nes Me	ed. Center F	Room :	304	
		BURIAL, CREMATION,	REMOVAL	23b DATE			EMETERY OR CRE		23d LOCATION		COUNTY	STATE
		Buri	lal	11/21	./85 Ba	ltimo	re Natl.	Cem.	71			Maryland
	- 1	JNERAL DIRECTOR			ADDRESS		21229	2HOV	REL DBY REGISTRAR 25	REGISTR.	AR'S SIGNAT	TURE
	F	Hubbard Fur	neral	Home, I	nc. 4107	Wilk	ens Ave.		0000	- 5 10405		

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

OR ATTENDING PHYSICIAN. The low

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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Telesco.	1.7153 3071 5			
		2 1 0 1		Ward Control
		2 3 (0)		West X

FOR - STATE REGISTRAR V DECEASED NAME

TATET T TAM

TYPE OR PRINTI

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

2a. DA	TE OF DEATH	MONTH	DAY	YEAR	26 HOUR
		11	23	85	3:30p
6 AGE	IN YEARS LAST	BIRTHDAY			IF UNDER 24 H
			MON	THE DAYS	MEDIUS AND

AATTITA	n R .	DHIMO DI.	$\mathbf{MIND} \mathbf{JI}, \qquad \mathbf{II} \mathbf{ZJ}$				
3 SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS		
Male	Black	3/17/20 YEAR	65 YRS.	MONTHS DAYS	HOURS MIN.		
70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Georgia	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY BALTIMORE, CITY		M		
Balto.	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACHITY, GIVE STREET A VAMC, BALTIMORE		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI Artist		F BUSINESS OF		

LA EATHER'S NIAME		15 AAOTHER'S AAAIDENINIAAAE							
Md.		Balto.	YES TO	NO 🗌		Windsor	Ave.	2121	
13a. STATE	113b COUNTY		13d INSIDE	CITY LIMITS?	13ª STREET AD	DRESS / ZIP CODE			
		GIVE RESIDENCE BEFORE ADMISSION!							

Floyd LAST MIDDLE FIRST MIDDLE LAST Banks Hopewel. Annie ARMED FORCES 17 INFORMANI 16b SOCIAL SECURITY NO.

IYES NO OR UNKNOWN) 578-16-3942 Gloria Banks 3310 Windsor Ave. ves

	y one cause per line for (o.t., (b.), and (c.) DBY: ECAUSE (a) CARDIOCULMONA	EL ARREST	BETWEEN ONSET AND DEATH
Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF	Æ	
gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF	CARCINOMA	

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

206 IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES T NO C

OR CONTRIBUTING __ CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

71e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM, ETC.) NOT WHILE

21f LOCATION CITY OR TOWN COUNTY

220 I certify that 🛠 (this haspital) attended the deceased from saw the deceased alive on 11/23

and that in (15%) (aur) apinian death accurred on the date and hour and from the causes stated

226. SIGNATURE

ATTENDING PHYSICIAN [

MEDICAL DIRECTOR PHYSICIAN 220 DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT

22e ADDRESS

3900 LOCH RAVEN BLVD. BALTIMORE MARYLAND

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

CERTIFICATION

MEDICAL

236 DATE

23c NAME OF CEMETERY OR CREMATORY National Pk. Md.

DEGREE

Laurel, P.G. Md.

STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

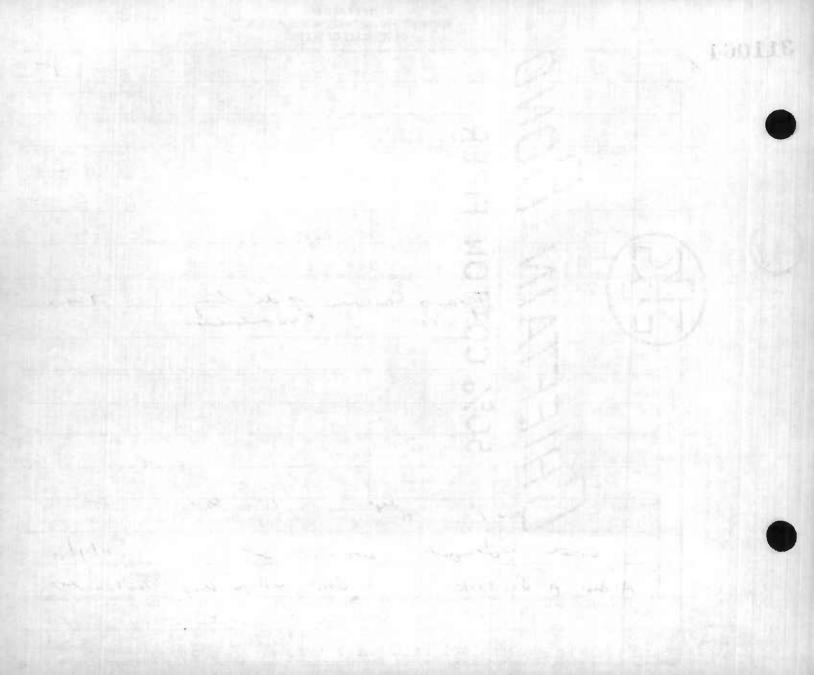
BP.

ould be de

24 FUNERAL DIRECTOR Char les A. Rice FSPA 1300 Eutaw Pl 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE to douglason from in

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STATE OF MARYLAND



B. Harris N.V mban , see Ministry of the count of the cou

Gr. Fulth Aurta, NG Ball Harfor Foad, Balto., NE Grandton in /80, 45 Grand Nount Balto., NE Land No. 1 Henry W. Janking & Bong Co. 1 Heart Nork Rose Balto., AUB 81416

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	417		CEASED NAM							AST			DATE KN	511-	MONTH	DAY YEAR	Zb HOU	
	ASE OR. FE				lgie		ichard				Sr,		DEATH MA	ATED	11-1			
	RECTOR RECTOR R FILE HOUF	3 SE	(4 RACE	5 DAT	TE OF BIRTH	YEAR 6	LAST BIRTHDA		DER 1 YR.	IF UNDER		DATE	ρ.	MONTH	DAY YEAR	2d HOU 2:30	
	アミコンド		ale	black	9	22	1932	53 YR					DEAD		11-1	0 19 85	a.	
	SESTINATION OF STREET	70 B	RTHPLACE (S	TATE OR	7b. CI	IZEN OF WE	AT COUNT	RY?	8 MARRIE	D X NE	VER MARRI	ED D 9	BALTIMOR	E CITY OR	COUNTY	OF DEATH		
	75.5	1	Md		l	JSA			WIDOWI	ED (1)	DIVORCE			imore		,	M	
	PAGE PAGE	10 C	TY OR TOWN	OF DEATH		AME OF HOS			OR OTHE	R INSTITUT	TION	120 USUA	OCCUPAT	ION (TYPE OF	WORK 12b	OR INDUST		
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212	ANY D AND 3 RETAIN HOULD	130.5	Md	130	OOIVII		Balt	imore	100	YES X	NO 🗌	3639	Cott	age Av	enue	2121	15	
19	NOON /	14. F.	ATHER'S NAM	E						15 MOTHE	R'S MAIDE		MIDGI					
(=1	图影	W	ill iam		MIDDL		Barn			011i	e		AIDGL			Lee		
1 5	The same	16a \	WAS DECEASE	DEVER IN U.	S. ARMED FO	RCES?	16b. SOCI	AL SECURITY	NO.	17. INFORA	THAN		1	DDRESS				
3	SETTOR	1	Yes Yes	Ko	rean W	lar	220-	24-305	55	Cynth	ia Ba	rnes	2414 1	oyola	Nor	thway	ŧ	
2	S 0 5 5 5	F	II. CAUSE C	F DEATH (En	ter anly one c	ause per line							-			APPROXIMAT BETWEEN ONS	TE INTERVAL	
12.7	SKS KA		PARTIDI	EATH WAS C	AUSED BY:	Ar	terios	clero	tic (Cardio	ovascu	ılar D	iseas	e		BETWEEN ONS	ET AND DEATI	
0	な世の形式へ		-172	1/////		DUE TO, OR	AS A CONS	EOUENCE C	F		War.	10.00						
ec m	THIN 24 FIL IN ITE FER ALON ANSIT FER REMOVAL			ns, if any,		4.									1			
*	XAMIN XAMIN XAMIN AL-TRA MENTA N, OR I		cause (a	ise to imme) stating the <u>u</u>		(b) DUE TO, OR	AS A CONS	EOUENCE C	F			0					-	
201	N AB		lying car	use last.		(c)												
	JUD BE EXECUTED "PENDING" IN F "PENDING" IN	Z O	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)											-				
RECORDS,	MEDION MEDION AS A CREW																	
	DULD "PER MISED A SEED A FILE A CIAL, CIAL	MEDICAL CERTIFICATION	19a. DATE OF	OPERATION		196 CONDIT	ION FOR W	HICH OPERA	ATION W	AS PERFOR	PERFORMED?					20 AUTOPSY?		
OF VITAL	28 = 34 × /] E	3000		地方自己										400	YES 🗆	NO X	
. F ∨	CERTIFICATE SHITING THE WORDS TO THE CORD SE 3 SHOULD BE DEPARTMENT OF THE CORD SHOWN OF THE CORD SHOW	1 8		AL CAUSE WA	AS	216 TIME OF	INJURY . MONTH [DAY WEAR	Zic. HO	W INJURY	OCCURRE	D (ENTER NAT	URE OF INJURY	IN ITEM 18 PAR	T T OR PART 2			
	SECON SECOND	X	UNDERLYING	G ☐ CAUS	E OF DEATH	P.M		19										
DIVISION	ERTIFIC ING TH ING TH ING TH S SHOU EPART PRIOR	ED	214. INJURY			21e PLACE C		(AT HOME.	21f. LOC						-			
5	SE SEES	1	WHILE AT WORK	NOT WHILL	E	STREET, PACT	ORY, FARM, ETC	1	31	REET			ITY OR TOWN		COUNT	1	STATE	
	RWARWARE, WARWARE, PA							6.11			Inspection	₩.		1 .				
	EXAMINER: CERTIFICATE ULD BE FOR DIRECTOR: WITH THE SAMARYLAND,		The state of the state of	ify that I taak	CONTRACTOR IN	53.1	Cribed Bove		Autaps	_		-	Inquiry L		n my apini	in		
	EXAMINE CERTIFICA JID BE FC DIRECTO WITH TH		death result	// -	Natural cous	- A	agraent L	السا, كرسا	ide L.	Hamic		Undefern	nined manne	r [_],				
	A STANDON		ACTUAL	1101	, coat	NSA	2 2	Tok	(1).	ASS.			AL EXAMINE	1000	DATE	11-10	0-85	
	ZHE SHE	1	SIGNATUJE	ME	tte	123	rege	- Jipi	M.	D. <u>1133.</u>	Locari	MEDIC/	AL EXAMINE	R	SIGNED.	3.3. 3.		
	A HANDE	1	EXAMINER'S (TYPE OR PRI		Denni	s F. S	myth,	M.D.		INDOESS .	111 Pe	enn St	., Ba	lto.,	Md.	2120	1	
	TO MEDICAL EXAMENE EXECUTE THE CERTIL PAGE 4 SHOULD B TO FUNERAL DIRECT AFTER DEATH, WITH BALTIMORE, MARY	23o.B	URIAL, CREMA					AME OF CEN				123d LOC/	ATION					
07/84	BP	1	Buri			5/85		rison				OW TI	ngs Mi	11s	COUNTY		1d	
25M			UNERAL DIRE								25a. DATE R	EC'D. BY RE	GISTRAR	Sh REGISTI	RAR'S SIGI	NATURE	10	
	DHMH - 17 (VR A15 ME (5))	Wi	lliam C	. Marc	h F/H	West	4300 W	abash	Aven	ue	NOV	131	985	بتاهم مطارت	ericopy-	Marke	15.5	

326042	1-	FOR STATE REGISTRAR	DEPARTM	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	0 3	A V		
		CEASED NAME FIRST	MIDDLE	-	AST	20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR		
3 11 A		OSCAR	E	156	155	11	1485	0335 M		
1 11	1.58)	4	RACE	5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATE	HOURS MIN.		
8 9 9		MALE	WHITE	9	15 12	73 YRS				
2 23 KW		RTHPLACE (STATE OR FOREIGN 7)	CITIZEN OF WHAT COUNTRY?	8 AAARRIEI	NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH			
1 1 X		SC	USA	WIDOWE		BALTIMORE	Cit	y MD.		
1 11 2/)0 CI	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSIN		ROTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING		F BUSINESS OR		
1 119	1 1	altimore	ZULL BYALT		ERSL	Fabicator		ipbuildi		
1118	124.5	RESIDENCE (IF NURSING ME OR OF OTO)	Y 136 CITY OR TOWN		13d INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP COI	DE			
11/12	19"	OSCAR "	BASS	Ų.	15. MOTHER'S MAIDEN NAM	ME MIDDLE	STAR	NES		
12		VAS DECEASED EVER IN U.S. ARM (ES NO OR UNKNOWN) (IF YES GIVE	1237 A G D A TE C		Willie Mae B	ass Same as	13e			
centrate ling physics than papers		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	CAUSE (a) Belin	in	ner of	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT				
	100	Conditions, if ony, which gave rise to immediate couse a stating the underlying cause lost	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c)	NCE OF	y carein	one of	ract	2		
Mary of the plant	ATION	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	ERMINAL DISEASE OR CONCILION GIVEN IN PART 1 (a				
1 1 1 1 1 1 1	19	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CER	ES, WERE FINDIT FIFYING CAUSES YES []			
CIAN g physic ministration in Hydronic	CAL CERT	210, ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)			
E4 128 6/	103	214 INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	CITY OF TOWN	COUNTY	STATE		

220.1 certify that (1) (this hospital) attended the deceased from and that in (my) (aur) apinion death accurred an the date and have and from the causes stated DEGREE 224 DATE SIGNED

224 PHYSICIAN'S NAME (TYPE OF PRINT)

300 1

ATTENDING

HANOUSER

MEDICAL STAFF
DIRECTOR PHYSICIAN

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

11/16/85

23c NAME OF CEMETERY OR CREMATORY Glen Haven Memorial Pk

23d LOCATION Glen Burnie

Md

24 FUNERAL DIRECTOR

George J. Gonce 4001 Ritchie Mgwy Balto Md

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

be the direct neith to Introduce the Country of the Latest

Toward Control College Harry & Brown

STATE OF MARYLAND

	1	FOR			DEPARTA		E OF MARY EALTH AN	'LAND D MENTAL HYG	GIENE	3 5	3	0 3	3 0
1	1	STATE REGISTRAR				CERTIF	ICATE O	DEATH		REG. N	0.		A List
'		CEASED NAME	FIR51		MIDDLE		AST	HE L		OF DEATH		DAY YEAR	26 HOUR
			HATTI		ENORA	BA	TTLE			VEMBEF		1985	10:20AN
	3. SE)			4 RACE		5 DATE C		YEAR		(IN YEARS LAST BIR	THDAY	MONTHS DAYS	HOURS MIN
		FEMALE		BLA		NOV	. 6,	1911	74		YRS		
'n		RTHPLACE (STA			F WHAT COUNTRY?	MARRIE	D NEVE	R MARRIED	9 BALTI	MORE CITY C	E COUNT	Y OF DEATH	
4		RTH CA		U.S	HOSPITAL, NURSIN	WIDOWE		DIVORCED		LTTMOF			MD.
3	-			(IF NOT IN SI	JCH FACILITY, GIVE STREET	ADDRESS)	- 14-		(TYPE OF	WORK FOR MOST C	OF WORKING LI	INDUSTRY	OF BUSINESS OR
		BALTIMO		UNITED INSTITUTION	6 LOCH F		BLV.	0.21239	1 1	ABOREF	3	MANUE	FACTURIN
F	13a S	RYLAND	13h COUN	VIV	BALTIN	N		CITY LIMITS?		ET ADDRESS			סונדת סונדת
-		THER'S NAME		2)7	DATITI	IORE	YES X	NO T		906 LC	OCH R	RAVEN]	BLVD.212
7)		JASP.	F.R	MIDDLE	EVANS			EMMA		MIDDLE		COPPEI	
		VAS DECEASED	EVER IN U.S. AR		16b SOCIAL SECU	RITY NO.	17 INFOR			ADDR	ESS	2121	
	- { ,	NO UNKNOW	(IF YES, GIV	E WAR OR DATES)	219-32-3	3629	TAMR	A L. DE	RIVE	R 1308	SIL	VERTH	
		18 CAUSE OF E	DEATH (Enter or	lly ane cause pe	er Me faylal, (b), and			1					ONSET AND DEATH
		PART I. DEA	TH WAS CAUSE	D BY TE CAUSE (a)	Hdeno	Car	cino	na ku	ing	with	met.	51	
		ment.		DUE TO.	OR AS A SONSEQUE	NEE OF		10	U	,			
		Conditions, if		((b)_	Post C	obst	ruch	ve pr	neur	nonic			
		gove rise to cause tal, underlying in	stating the	DUE TO,	OR AS A CONSEQUE	NCE OF							
				(c)_				11112					
	Z	PART 2 OTHER	SIGNIFICANT (CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELAT	ED TO THE TERM	AINAL DISI	EASE OR CON	DITION GI	VEN IN PART 1	a
7	CERTIFICATION	19a DATE OF OI	PERATION	19b. CONI	DITION FOR WHICH	OPERATIO	N WAS PER	FORMED	70n A	UTOPSY?	70b. IF YE	S, WERE FIND	NGS USED
7	IFIC								YES		IN CERTI	IFYING CAUSES	S OF DEATH?
2	CERT	21a. ACCIDENT W	AS UNDERLYING		OF INJURY	1	21t. HOW	INJURY OCCUR					140
1			CAUSE OF DEA	10	a.m. month da p.m.	YEAR	100						
	MEDICAL	21d INJURY OC		ZIE PLACE	E OF INJURY		ZII LOCA	TION		CITY OR TO)WN	COUNTY	STATE
	2	AT WORK	SUHW TO	TAT HOME S	THEET, PACTORY, OFFICE F.	ARM, ETC }	318						
		22a. I certify th	ot (1) (this hospi	tol oftended	the decased from	2		, 19	, to			19,	that (I) (we) fast
		obave, (I) (eceased alive an we) (did) (did no	view the bad	y after death			y) (aur) opinion	deoth occ	urred on the d	ate and ha	ur and fram the	causes stated
		226 SIGNATUR	1/1/	1			DEGREE	ATTENDING .	MEDIC	AL STA	FF	22t. DATE	SIGNED
_		224 BUVERGIAN	I'S NAME (TYPE	un		N	122e ADDR	PHYSICIAN L	DIRECT	OR PHYSIC	CIAN		
					N/ D					32-394			2 5
-	22. 0	URIAL, CREMAT	HAMED H		M.D.	LANE OF S	[G001	R CREMATORY	_	V PROF	ESSI	ONAL F	BUTLDING
		BURIAL			16000	BUTU				CITY OR TOWN	DE	COUNTY	STATE
		INERAL DIRECTO		1.01.	, JAN	TOTO	ונדווו כי			ALTIMO BY REGISTRAR		MARYLA	ND
	WI	LLÏÄM I	Е. ЈОНІ	VSON85	21 LOCH	RAVE	N BL	RIF	FV	2 1985	Se Mile	" the Louis	Markett.
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DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

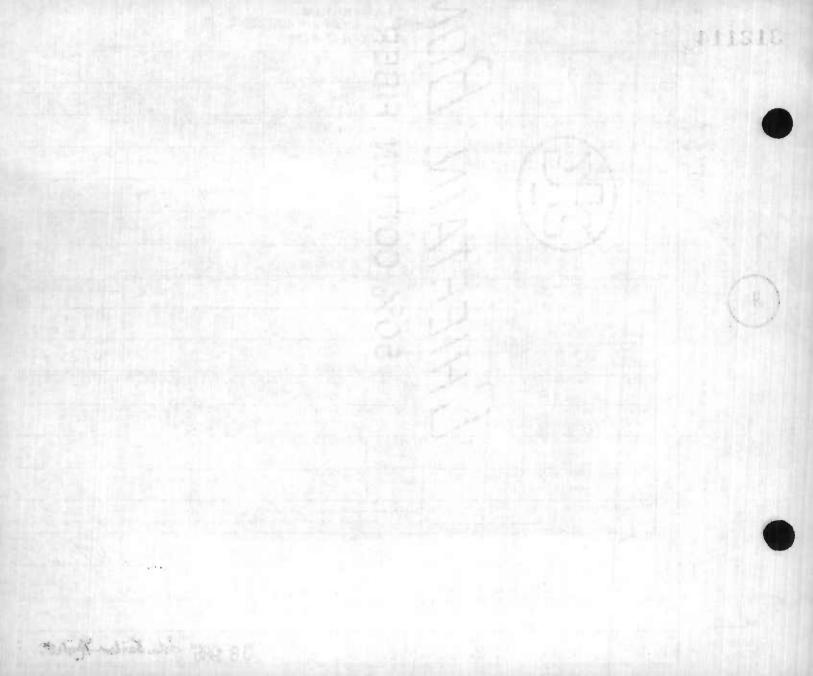
	3 SEX	CEASED NAME FIRST OR PRINT) MARY F	В.	DDLE RA	ı	A51	20 DATE OF DEATH MOI	NIH D	AY YEA	0		10
	7a. BII	F	A PACE		UCOM		NOVEMBER 3.				10:	UR 55P.
	7a. BII	F			5 DATE C	OF BIRTH			F UNDER 11	EAR	IF UNDE	14
	- C		0		MONTH				ONIHS D	ATS I	MOURS	MIN.
	- C	RTHPLACE (STATE OR FOREIGN	7h CITIZEN OF W	HAT COUNTRY?	8	v / 23	9 BALTIMORE CITY OR C	OUNTY	OF DEAT	H		
- 1	ME	ORTH CAROLINE	U.S.A	•								ME
5		TY OR TOWN OF DEATH							INDUS	TRY	sti(
5	13a S		ITY I	34 CITY OR TOWN	4	13d INSIDE CITY LIMITS? YES \ NO \			AVE	2	1213	3
1		THER'S NAME FIRST	MIDDLE	LAST			WE			LAST	~~~	
2	FR	ED	Al	LEN	(2)	MARY	В.		CC	15		
1	60 W	AS DECEASED EVER IN U.S. AR	F B B ACE (STATE ORIOREGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED WIDOWED DIVORCED PRACE CITY OR COUNTRY OF BALTIMORE CITY OR COUNTRY OR COU									
	- '	es, no or unknown) (14 yes, Giv		244-36-3	318	MATTIE BAUCO	M 1534 N KEN	MUUL	_AVE		2121	.3
				ne far (a), (b), and	l (c).T			111111111111111111111111111111111111111	BETW	ROXI	MATE INTE	RVAL D DE ATH
				andia.	arre	st					10	
				AS A CONSEQUE	NCF OF					1	LA A	
		Conditions, if ony, which	(b)	44.0	/	arrest				1	MA	- '
		gave rise to immediate cause (a), stating the	DUE TO, OR	AS A CONSEQUE	NCE OF						7	
		underlying cause lost				rescerama.				~	24	RS
	NO			TRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CONDIT	ION GIVE	N IN PAR	RT 1:c		
7	CERTIFICATION	190 DATE OF OPERATION	196. CONDITI	ON FOR WHICH	OPERATIO	N WAS PERFORMED						
+	THE	NA					YES NO	YES		1252	NO [
		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	110110 4 14	MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	HEEM 18 PA	RT I OR PAR	T 2)		
	MEDICAL	11 EITHER NOTIFY MEDICAL EXAMINER 214 IN JURY OCCURRED			19	21f. LOCATION						
	ME	WHILE NOT WHILE AT WORK	(AT HOME STREE	T FACTORY, OFFICE, FA	ARM ETC)	STREET	CITY OR TOWN		COUNT	Y		STATE
		220.1 certify that (1) (this hospi	4113		25/3	nd that in (my) (aur) opinion of	death occurred on the date	ond hour	9 8J		hat (I)	. ,
		saw the deceased alive an abave, (I) (we) (did) (did no 22) STONATURE	Lyiew the body of	ter death.		DEGREE					SIGNED	
		(Jack)			N	ATTENDING _	MEDICAL STAFF	, rh-	16	//	4/	36
		274. PHYSICIAN'S MAME HITE O	9(9)			PHYSICIAN L	DIRECTOR PHYSICIAN	EJ	1//	1	46)
		JOSENA CE	2150	MA		JOHNS HOCKINS A	LSO, TAL BALT	· . 1/2	40	-		
7	72n D	URIAL, CREMATION, REMOVAL	1236 DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION	1. /		-		

GARRISON FOREST

BURIAL
24 FUNERAL DIRECTOR
W.C.MARCH F/H CO. DHMH - 16 60M 7/84 1101 E. NORTH AVE. (VRA 15, 4)

11-7-85

MARYLAND



			FOR			DEDAR	STA		ARYLAND		voiene S	3	0	0	5	aline .
22	1001		STATE		M		EXAMI									
00	LUUL	16.	REGISTRAR	FIRST		MIDDLE	EXAMI	VER 3 C	LAST	AILO		REG. NO		DAY	YEAR	I2b. HOUR
	War of Selection	{TYF	E OR PRINT)	מאמ	MONTO	T47		DE	ADEC		OF				9 85	
	ACES	3 SEX	(4. RACE	MOND 5. DATE OF BIRTI		6 AGE (IN Y	EARS IF UN	DER TYR. II	Sr. FUNDER 2	24 HRS. 2c. DA	ATE	MONTH	DAY	YEAR	2d. HOUR
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	の単独田 二人	19. C	TY OR TOWN	OF DEATH	II. NAME OF HO	OSPITAL, N	URSING HON		ER INSTITUTI	ON	120. USUAL OC	CUPATION (TYPE	OF WORK	126 KINE	D OF BUS	SINESS
	A THE WAY	1	Baltimo	re /	St. Aq					571		e Office	r		0. C	
5	20500		L RESIDENCE TATE	(IF IN NURSING NON	AE OR OTHER INSTITUTION,	GIVE RESIDEN	CE BEFORE ADMIS	SION)	13d. INSIDE CITY	LIMITS?	13e STREET ADI	DRESS				
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Mg.	E-1200	14. F.	ATHER'S NAME		MIDDLE		LAST		15. MOTHER	'S MAIDE	NAME	WIDDLE		LA	AST	150
ORE.	28 88	1	Harry		L.		Beares		Mar	gare	t	V.	1000	Vin	yard	l
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8	APARA A		PART 2 DTHER SI	GNIFICANT CONDITIO	INS CONTRIBUTING TO DEAT	TH BUT NOT RE	LATED TO THE TER	MINAL DISEASI	OR CONDITION (GIVEN IN PAR	T 1 (a),					
RECORDS	PASA ASTA	NO	1000			14.2										
1 8	AN OF HE WAY	13	190 DATE OF	OPERATION	196 CONE	DITION FO	R WHICH OPE	RATION W	AS PERFORM	ED?				20 AL	JTOPSY?	
1	AG THE WORD THE OHIE AS SHOUND BE USED PARIMENT OF HE RICE OF THE USED PARIMENT OF HE RICE TO BURRIAL.	CERTIFICATION			157									10	ad Or	Jth
ö	RANGE OF THE PROPERTY OF THE P	1 3		CAUSE WAS		OF INJURY	H DAY YEA	IZIC HO	OW INJURY C	CCURRE	O (ENTER NATURE O	F INJURY IN ITEM 18 P	ART 1 OR PAR	ET 2)		
O	SHO SHOW	MEDICA	CONTRIBUTI	OR OR CAUSE C		.M.	19 RY LAT HOME.	211.10	CATION							
DIVISION OF	VRITING VRDED VRDED GE 3 SH TE DEP ZOI PRI	MED	WHILE _	NOT WHILE		ACTORY, FARM			TREET		City Of	RTOWN	cou	YTAL		STATE
	WAR WAR		AT WORK	AT WORK				Hea	ad Only	7						
	NE SE		220 I certi		orge of the remains d			Autop	y LA	Inspection			d in my op	inion		
	EXAMINATE OF THE OFFICE		death result	ed fram: No	itural causes X,	Acciden	ıt L.J., S	vicide L_	, Homicio		Undetermined	manner,				
	CAL EXA THE CER SHOULD SHOULD SATH, WI RE, MAR		ACTUAL	AM	1 (XI)	0-			D Assis				DATE	11.	-23-	85
	SHO		SIGNATURE.	V.	/			^	D. A331.	Scarc	MEDICAL EX	AMINER	SIGNE	0_11	20	00
	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE FOR LONNERAL DIRECTOR AFTER DEATH, WITH ITH BACTIMORE, MARYLAI		EXAMINER'S (TYPE OR PRI	NAME Anr	M. Dixon	M.D).	35 -	ADDRESS, 1	11 Pe	enn St.,	Balto.	, MD	212	201	
	TO ME PAGE TO FU AFTER BALLIV	73e.B	URIAL, CREMA	TION, REMOVA	1 23b DATE	230	NAME OF C				23d LOCATIO	N	COUN	ATY	STA	ATE
07/84	BP	L		ial	11/26/8	5	Garriso	on For	est Ce	em	Owing	Mills	Bal	tima	medial	
25M	DHMH - 17	24 F	UNERAL DIREC	TOR	ADDRE	:SS		21229	25	B. DATER	IV 25	THE 25h REGIS	JRARIS S	MATU	RE	
	(VR A15 ME (5))	H	ubhard	Funeral	Home, Inc	C. 41	07 Will	cens 7	We.	M	11 90 1	0				

	١,	FOR STATE	DEPAR	STATE OF MARYLAND RTMENT OF HEALTH AND MENT	AL HYGIENE 5 5 3	0 5 5 5
323119	1'	REGISTRAR JAY	Lee Beaty.	Sr CERTIFICATE OF DEAT	REG. NO.	
	1. DE	PASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
9 m £	TIME	ORPRINT) JAY		BEDTTY	1065	- L3
oge 3	1_		_	Devici	U 12 53	5-p
E, de	3. SE	41.1	1. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
000	1	Male	White		1922 63 YRS.	
2 49 00	70. BI	RTHPLACE (STATE OR FOREIGN 7	L CITIZEN OF WHAT COUNTR	Y? 8.	- 9 BALTIMORE CITY OR COUNT	Y OF DEATH
4 72 16	1	OUNTRY)	A 2CI	MARRIED & T NEVER MARR		14 + np
1 14 0	10.0	MARILAND USA	O JI			
1 113/	1	Baltmore	HENOT IN SUCH FACILITY, OTVE STR	SING HOME OR OTHER INSTITUTE	TYPE OF WURK FOR MOST OF WORKING	126. KIND OF BUSINESS C INDUSTRY Construction
3 8/	130. 5	TATE TRANSPORTER	13 CITY OR TO	DWN 134. INSIDE CITY LI	0 0001 ().	and RJ 2122
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一种相/13	7	FIRST	Beaty	Ann	a Edwards	LAST
200		VAS DECEASED EVER IN U.S. ARM	MED FORCES? 166 SOCIAL SE		5905sGrad	
1 59 7/	100	ES. MORUNKNOWN) (INTENTION	WAR OR DATES) 217 18	0223 Jay L. B	eaty, Jr. Baltimon	re, Md. 21206
1 6: 6	-					100000 AVEWS A 4 100 J AVES
1 101 1		18 CAUSE OF DEATH (Enter only	y ane cause per line far (a), (b), BY:	and (ci.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
4 500 1	16	IMMEDIATE		onaln Horrest		2 Lays
an die			DUE TO, OR AS A CONSEC	DIENCE OF		2
1 100		Canditians, if any, which	(Cecel	al Edima		3 days
0 10 0 0		gave rise to immediate	(b) CFA (A)	at Dittactif		
1 1111		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC		.1.1.	la day
4 4 6 6 6			(c) Clip's	rovascular AC	eid link	10000
1 800 0	-	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE OR CONDITION G	IVEN IN PART 110
1 2 2 1	ATION					
1 11117	713	190. DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED		ES, WERE FINDINGS USED
2. 5415-6	1 E					IFYING CAUSES OF DEATH?
45 1154	18	216. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21: HOW INTERS	OCCURRED (ENTER NATURE OF INJURY IN ITEM 1	
2	10	OR CONTRIBUTING CAUSE OF DEAT		DAY YEAR	OCCORRED (ENTER NATURE OF INJURY IN HEM II	PART T UR PART 2)
No state 1	13	(IF EITHER, NOTHY MEDICAL EXAMINER)	P.M.	19		
H P H	8	21d. INJURY OCCURRED	21e PLACE OF INJURY	211. LOCATION	CITY OR TOWN	COUNTY STATE
the the steed	18	WHILE NOT WHILE AT WORK	LAT HOME, STREET, FACTORY, OFFIC	E. FARM, ETC }		
Afr alth		220.1 certify that (I) (this haspite	al) attached the deceased from	- 10 10	97 10 11 12	, 19 95, that (1) (we) la
			11/0	17 11	apinian death accurred an the date and hi	, 1101 (1) (110) (1
A ATTEND hospital a RECTOR: A RECTOR A		saw the deceased alive an abave (II) (we) (did) (did not	view the bady after death.		aprillari death accurred an the date and hi	
		226. SIGNATURE	9	DEGREE		22c. DATE SIGNED
74 750		Wally	enner	MD ATTEN	IDING MEDICAL STAFF	11/12/8
HOSPITA ned by FUNERA old be de off be de	1	274 PHYSICIAN'S NAME (TYPE OR	PRINT)	220 ADDRESS		
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		VUSUDIA	11194 ,			A STATE OF THE STA
H O H O H A A	_					
TO HOSPITA retained by TO FUNERA should be de with the Stot	230	URIAL, CREMATION, REMOVAL	23b DATE 195	NAME OF CEMETERY OF CREM	ATORY 23d LOCATION FOR	estumy Md -
Bb retain	230	URIAL, CREMATION, REMOVAL	11/15/85 M	NAME OF CEMETERY OF CREME	atory Garrison For	estynty Md. STATE

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Total . Info

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Yes Wall 217 18 C223 day 1. sety, dr. Heltsche, Md. 218C6

11/15/85 !S. Vaterans Semicary | Darriage | 37/15/ 1d.

majoran Perant Pola M. 1477 Claustern Ave Turk to Sand

	1 -	FOR STATE REGISTRAR		DEPARTA	LENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	0.	30	5 4	
18150		EASED NAME FIRST	UNE MID	DIE SAXON	J t	AST BECK	20 DATE OF DEATH		DAY YEAR	26 HOUR	
Of soth	LIABE	ORPRINT)	6			Beck		11	10 85	1247 M	
pog er de	3 SE		4 RACE	1	5. DATE C	F BIRTH	6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS	
s off	1	female	CAUC	ASIan	MONTH	13, 1920	65	YRS	MONTHS DATS	HOURS MIN.	
2 52 0	70 BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WE	HAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY		OF DEATH		
de oth		t Virginia	U.S.A		WIDOWE		Ba	LTimo	ore City	MD.	
in the design of		TY OR TOWN OF DEATH		SPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION OF WORKING LIF		F BUSINESS OR	
S of		SALTIMORE	Good	SAMAN	Itan	Hosp.	Homemake		Own Ho	me	
Je de	13a S	AL RESIDENCE (IF NURSING HOMEOR	OTHER INSTITUTION GIT	LE CITY OR TOW	ADMISSION)	136 INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE			
元 章 夏之	Mar	yland Balti	more	Baynesvi		YES NO X		WAT	er OAK	kd21234	
A 2 al	7.		MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	AE MIDDLE		LAST		
omp of the		liam	L.	Collir		Mary			Star	k	
nd co dico		VAS DECEASED EVER IN U.S. ARI	COSTA O O D A VAS	SOCIAL SECU		17 INFORMANT	ADDR		1 P2 01004		
S. Po	No			234-2	6-840	9 Sue C. Gu	y-1310 Pro	videnc		21204	
1		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE				100-				MATE INTERVAL	
1 4 1			E CAUSE (0)	CARDIO	PULYN	ONARY ARRE.	7.1	-	43	minutes	
111		ALC: NOTICE OF		S A CONSEQUE		Land Colins					
141		Conditions, if ony, which gove rise to immediate	(b)	CORON	THEY !	URLEICH DITE	ZE				
5 230 5		couse (a), stating the underlying cause lost.	DUE TO, OR A	S A CONSEQUE	NCE OF						
ed b pleos		PART 2 OTHER SIGNIFICANT O	(c)	TRIBUTING TO D	EATH BUT	NOT BELATED TO THE TERM	INAL DISEASE OF CON	IDITION GIV	/ENLINI DADI 1.a		
quire sign tabu njury	Z	PNEUMON	0	BACTE			TEMETON	1011011011	LIVIN IN TAKE INC		
been mit.	CERTIFICATION	190 DATE OF OPERATION				N WAS PERFORMED	200 AUTOPSY?	206 IF YES	S, WERE FINDIN	GS USED	
he lo on. hos ows	TIFIC						YES NO		YING CAUSES	NO [
N. Ti	CER	210 ACCIDENT WAS UNDERLYING		NJURY MONTH DA	V VEAD	TIE HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	IRY IN ITEM 18 F	PART 1 OR PART 2)		
SICIA ng ph certifi riol-tr entol ttem 1	CAL	OR CONTRIBUTING CAUSE OF DEA		MONIN DA	19	The same of the					
HY A B	MEDICAL	21d INJURY OCCURRED	21e PLACE OF	INJURY	APAA FIC I	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE	
offer the honor ho	2	AT WORK NOT WHILE				1	- 1				
NDI Portional Tealth	1	22x I certify that it this hospi	tall offended the		20-1	11 + 19 65			19 95	thor (I) we) lost	
Spiro CTO I for of h			ti view the body of	ter death.	. 0,	nd that in (my) (our) opinion o	leoth occurred on the d	ote and hou			
OR he ho ochec ochec Dept		IN SIGNATORE V ±	- 4		.11	DEGREE ATTENDING _	MEDICAL STA	FF	22c DATE	SIGNED	
J = J ← 0		Vaux ray	lewlein		VVI.	U, PHYSICIAN	DIRECTOR PHYSIC	CIAN	11/10)/01	
HOSPITAL med by the FUNERAL uld be deta to the State		DA KAT		,		22e ADDRESS	1/	1			
CO HOSPITA efoined by TO FUNERA should be de with the Stot		LINUT LALLS	EN71E	N			RITAN ITO	PITA	1		
		URIAL, CREMATION, REMOVAL	236. DATE			EMETERY OR CREMATORY	236 LOCATION		COUNTY	STATE	
BP		ial UNERAL DIRECTOR	11-12-8			ey Valley	Cockeysvi				
DHMH - 16 60M 7/84		NAME	2 **	ADDRESS		ork Rd. 250 AVU	ALL E KAROO	TO KEGIST	irar; s s g maj	PKE	
(VRA 15, 4)	Ruc	k Towson Funera	al Home,	Inc. To	vson,	Ma.21204		I			

(...

DHMH - 16 60M 7/B4 (VRA 15. 4)

2501 GWYNNS FALLS PKWY. BALTIMORE, MD. 21216

250 DATE REC D. BY REGISTRAR 250. REGISTRAR'S SIGNA SURE DEC

600 S 130

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

I DECEASED NAME FIRST			ICATE OF DEATH	REG. NO.		
TYPE OR PRINT	MIDDLE	L	AST	20. DATE OF DEATH MON	TH DAY YEAR	26 HOUR
Kathe	rine C. Bee	eler		November 5.	1985	9:20PM
3 SEX	4 RACE	5 DATE C		6. AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER 1 YEAR	IF UNDER 24 HRS
FEMALE	WHITE	MAY	6, 1898 1	87	YRS DATE	HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUNTRY	Y? 8	NEVER MARRIED	9 BALTIMORE CITY OR CO		
MARYLAND	U.S.A.	WIDOWE	V	Baltimore (ri tu	MD.
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		ROTHER INSTITUTION	120. USUAL OCCUPATION	126. KIND C	OF BUSINESS OR
Baltimore	Maryland Gene		spital	BOOKK EEPE	R INDUSTRY OPTIC	CAL
USUAL RESIDENCE (IF NURSING HOME OF		2WN	13d INSIDE CITY LIMITS?	130 STREET ADDRESS / ZII	ROOK RD.	21212
4 FATHER'S NAME			15. MOTHER'S MAIDEN NA	νE		
WILLIAM HE	ENRY BELL		MARY	ELIZABET	H SHEPI	PARD
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDRESS	212	34
NO TIE YES G		-1779	VIRGINIA A	MILLER871	3-B LOCH	BEND DE
Conditions, if ony, which	DUE TO, OR AS A CONSECUTION OF THE PROPERTY OF					
gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQ	DUENCE OF ia, Uri	inary Tract In		ON GIVÊN IN PART 1:	o
gave rise to immediate cause (a), stoling the underlying cause last	due to, or as a consequence of the consequence of t	DUENCE OF ia, Uri	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION 200 AUTOPSY? 20	ON GIVÊN IN PART 1; LIFYES, WERE FINDII CERTIFYING CAUSES YES	NGS USED
Que rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEO (c) Pneumon. CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICE 19b. TIME OF INJURY HOUR A.M. MONTH	OUENCE OF ia, Uri	NOT RELATED TO THE TERM	200 AUTOPSY? 20 IN	b. IF YES, WERE FINDING CAUSES	NGS USED 5 OF DEATH?
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DHMH - 16 60M 7/84 (VRA 15, 4)

BURIAL 24 FUNERAL DIRECTOR

JOHNSON 8521 LOCH RAVEN BLVD

. 85 ST. JOHN'S CHURCH HYDES, MARYLAND

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FOR
STATE
REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

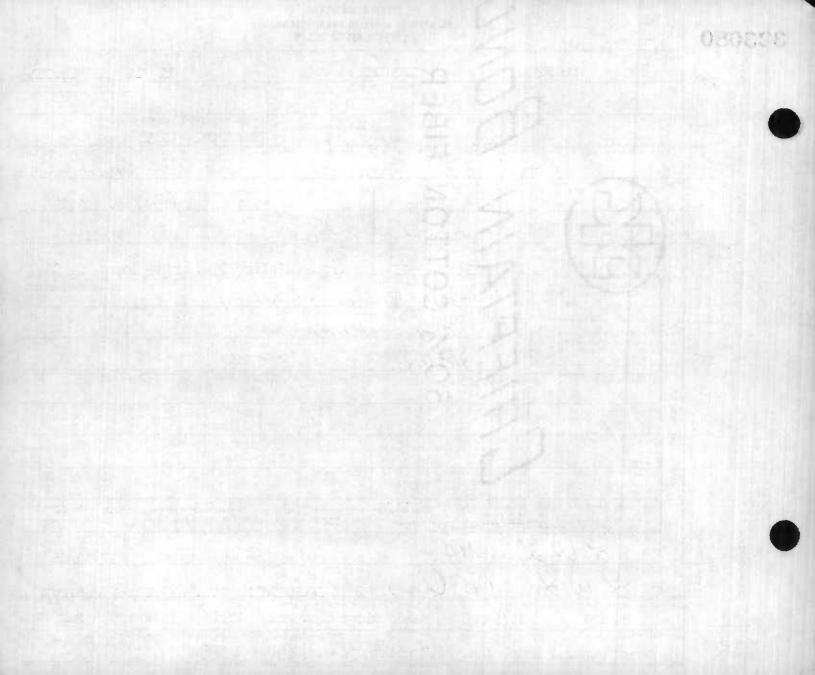
	1 -	REGISTRAR			CERTIF	ICATE OF DEA	TH		REG. N	0				- 19
		CEASED NAME FIRST	N	NIDDLE	(ASI		2a DATE O		MONIH	DAY	YEAR	26 HOUR	
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-	3. SE)	X	4 RACE		5. DATE C			6 AGE IN	EARS LAST BIR	THDAY)	IF UND	ER I YEAR	IF UNDER 24	
		MALE	WI	HITE	MONTH	17	28	1	57	YRS.	MONTHS	DATS	HOURS	MIN.
-		RTHPLACE STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MAR	RIFD 🗆	9 BALTIMO	RE CITY C	R COUNT	TY OF D	EATH		
		Maryland	U.S.A		WIDOWE	D DIVOR	CED 🗌	BALTI	MORE,	CITY	Z			MD.
-	10 CI	TY OR TOWN OF DEATH		OSPITAL, NURS I		OR OTHER INSTITU	NOI	120 USUAL				KIND O	F BUSINES:	SOR
1		altimore /	VAMC, E	ALTIMORE	MARY	LAND 2121	8	Sales				_	Cove	rin
I	13a S	AL RESIDENCE (IF NURSING THE OF STATE	OTHER INSTITUTION	GIVE RESIDENCE BEFOR		134 INSIDE CITY	IMITS?	13e STREET	ADDRESS	/ ZIP COI	DE			
J	-	aryland		Baltim	ore	IV.			. Auc	rusta	Ave	. 2	1229	
	14 FA	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MA		WE	MIODLE			LAST		
2		Morris		Beitle		Anı						Lapi:	n	
		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT			ADDRE	ESS				
			WII	214 22 0	0025	John M.	Beit	ler 75	0 Cha	aring	Cro	SS R	d. 21	229
		18 CAUSE OF DEATH Enter or	ly one couse per	line for 101, (b , or	ndic		0		,	g U		BETWEEN C	MATE INTERVA	AL EATH
		PART 1. DEATH WAS CAUSE IMMEDIA	TE CAUSE (o)	Hepatio	c Fai	lure +	FCNG	al Fa	W/UM	2		-		
			DUE TO OF	AS A CONSEQU	IENCE OF	1000 1000								
		Conditions, if any, which	(d)	Cia	husis	of Liver								
		gove rise to immediate couse (a), stating the	DUE TO OF	AS A CONSEQU	IENCE OF									9
		underlying couse lost.	(10)	Hepat										
	18	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERM	IN AL DISE AS	E OR CON	IDITION G	IVEN IN	PART 1:c	,	
	ON O													
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORM	D	20a AUTO	DPSY?	20b. IF Y	ES, WER	E FINDIN	GS USED OF DEATH	12
1	ETE		a No					YES	NO		YES	CHOSES	NO [
5	E E	210. ACCIDENT WAS UNDERLYING	216. TIME OF	FINJURY M. MONTH D	AY YEAR	21c HOW INJUR	Y OCCURR	ED (ENIERN	ATURE OF INJU	IRY IN ITEM IE	B PART I O	RPART 2)	E novi	
1	AL	OR CONTRIBUTING CAUSE OF DEA	1111		19									
(MEDICAL	214 INJURY OCCURRED	21e PLACE (211 LOCATION			CITY OR TO)WN	C	OUNIY	STA	1E
	×	WHILE NOT WHILE AT WORK	(AT HOME, STR	EET, FACTORY OFFICE	FARM ETC)	SINCE								
		22a.1 certify that (this hospi	tal) attended the	deceased from.	11/6	, 1	9 85	to	1/12		. 19_	35	that (X(we	e) lost
		sow the deceased alive on above, (b) we) (did) (dubbe		olter death	85	nd that in XX (out		death occurre	d on the d	ote and ha	our and	from the o	couses state	ed
		226 SIGNATURE	. 0	1		DEGREE				1016	2	2c. DATE	SIGNED	
	-	J. Wi	L.u.	MD		ATTE	NDING SICIAN	MEDICAL DIRECTOR	D PHYSIC	FF CIAN [12/1	2/85	
		224 PHYSICIAN'S NAME (TYPE C	PRINI)	-		22e ADDRESS		,				16/1	2105	
		2 11/2	in 1	10 (1	ia)	3900 IC	עם אי	ול ואיבולו	(22)	DAT MT	יורר אור	TATAL T	NAT AND	,
	23a B	BURIAL, CREMATION, REMOVAL	1236 DATE	230	NAME OF C	EMETERY OR CREA		23d LOC.		BALTIT	MOKI	VIVIA	YLANI	
		Burial	11/14			ridge Mem			ridge	Н	owar	ď	Maryl	'and
		UNERAL DIRECTOR						E REC'D. BY F		25b. REGI	STRAR'S	SIGNATI	URE	
	Ц	lubkard Funeral	Home. In	nc. 4107	Wilke	1229 NS Ave.	NOV	1151	085	-	1.1	on-170	ndell	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, TENDING PHYSICIAN

> BP______ DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT. If Item 21 is marked or Item 18 shows

should be detached for use as with the State Dept of Health



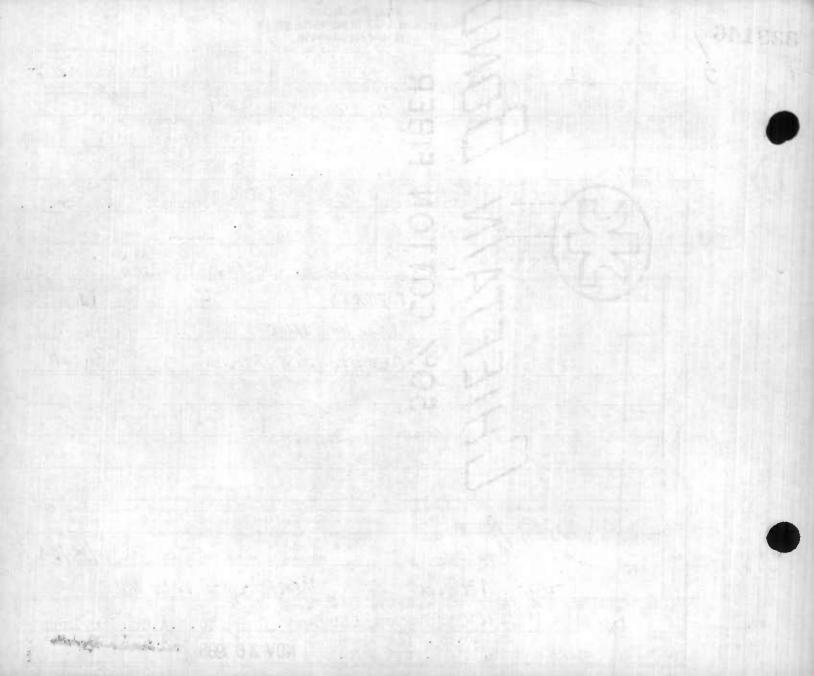
STATE OF MARYLAND

/	1-	FOR STATE REGISTRAR			DEPARTM		EALTH AND I	MENTAL HYGI DEATH	ENE REG. N	40	3 0	3) 7
	TYPE	CEASED NAME OR PRINT)	Tenir		R	(.	Bell		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOU	ISM
	3. SEX	RIHPLACE (STATE OR FO	e	white	C	5. DATE C		1916	6 AGE (IN YEARS LAST BI	YRS	MONTHS DAY	AR IF UNDER	MIN.
		Maryland	REIGN /b	US.	WHAT COUNTRY?	MARRIE	NEVER /	WARRIED	Baltimore city	imore			MD.
7		ty or town of DEAT ltimore	H 11.		HOSPITAL, NURSING HEACHLITY, GIVESTREET A	DDRESS)	ROTHER INST		120 USUAL OCCUPAT			OF BUSINE	SSOR
F	Ma Ma	ryland	IG HOME OR OTH	ER INSTITUTION	Baltimo	4	13d INSIDE C	NO 🗆		/ zip con hnsor		1230 Balto	.Md.
9		Adam	MIDE		Klebe		I	maiden nam Melia	MIDDLE -		Gie	sler	
		VAS DECEASED EVER II	(IF YES, GIVE WA		214-12-		I INFORMA Ionia		AAR 1mitt,191			Creek	c Rd
		18 CAUSE OF DEATH PART I. DEATH WA	S CAUSED BY	Y:	line for (a), (b), and		UNONIA				BETWEE	Lay	DEATH
		Conditions, if any, gave rise to immocouse (a), stating	ediote	b)	R AS A CONSEQUE	Chr	nic reni	al tailure	,			week	-
		underlying couse	lost	(c)	R AS A CONSEQUE	me	NOT RELATED		CATCINOMA NAL DISEASE OR COI	NDITION G	IVEN IN PART	> year	<u>'S</u>
7	MEDICAL CERTIFICATION	190 DATE OF OPERATI	ОИ	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	PRMED	20a AUTOPSY?	IN CERT	ES, WERE FINE IFYING CAUS	DINGS USE ES OF DEAT	0 1H?
?	CAL CER	21g. ACCIDENT WAS UNDE OR CONTRIBUTING CO	USE OF DEATH	21b. TIME O HOUR A.: P.:	M. MONTH DA	Y YEAR	21c HOW IN	JURY OCCURRE	ED (ENTER NATURE OF IN)	URY IN ITEM 18	PART I OR PART 2	1	
	MEDIC	21d INJURY OCCURRI		21e PLACE ((AT HOME STR	OF INJURY PEET, FACTORY OFFICE, FA	RM ETC)	211 LOCATIO	ON	CITY OR TI	OWN	COUNTY	Ş	STATE
		220.1 certify that (1) (sow the deceased above, (1) (we) (di	d olive off	2	deceased from	, or	d that in (my)	, 19	eath occurred on the c			that jli (
		22b. SIGNATURE	H	alley	Mano			ATTENDING PHYSICIAN [MEDICAL STA		22c. DA	TE SIGNED	25
		22d PHYSICIAN'S NA	Greg	100	Pokraki		27e. ADDRES	Merry	Hexpital .	BAHO	MI	2	
	(URIAL, CREMATION, R	FMOVAL 2	36 DATE 11/27	11000	ame of c	Hill	Cemt.	23d LOCATION CITY OR TOWN Balto.		Co.Mai	rylar	IATE
	MC	Cully Fur	neral	Ba]	130 L.F	1230 ort	Ave.	NOV	26 1985	256 REGIS	TRAR'S SIGN	MIRE	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

BP.



DHMH - 16 60M 7/B4 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

15PECIEVE

Burial

Imunek Funeral Home, Inc. Brehms Lane, Balto., Md

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

231 NAME OF CEMETERY OR CREMATORY

11-12-85 Dulaney Valley Mem. Gardens

Balto.,

26 HOUR 30

Metro.

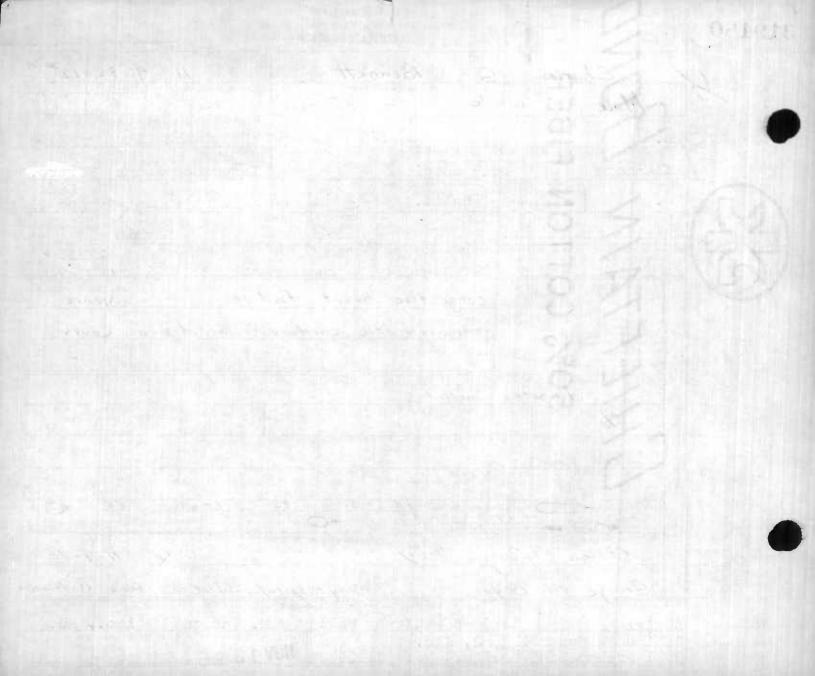
21213

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Vears

Life

85



STATE OF ARYLAND

DEPARTMENT OF HEALT AND MENTAL HYGIENE

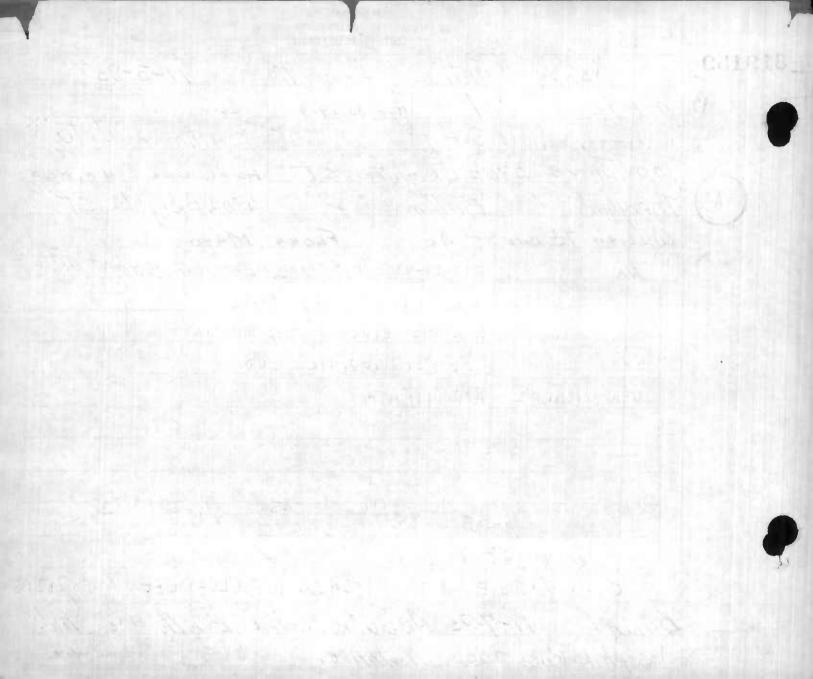
CERTIFICATE OF DEATH

REG. NO.

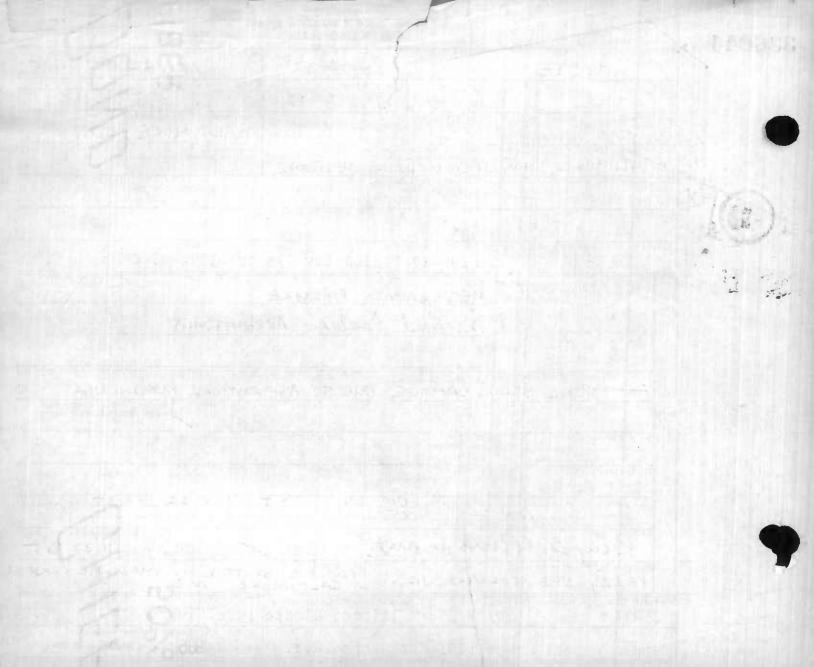
FOR

REGISTRAR

- STATE



336044	y	STATE REGISTRAR	DEP	CERTIFICATE OF	MENTAL HYG	REG. NO.	5 0 3	O 5
noy be		CEASED NAME FIRST OR PRINT) MYRTLE	MIDULE	BENNE	STT	20 DATE OF DEATH MONTH	22, 1585	14:15 M
e 4 moy cror. poi	3. SE	FEMALE	RACE Black	5. DATE OF BIRTH	1*3*	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
nerol dire		RTHPLACE (STATE ORFOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNT a U.S.A.	MARRIED WEVER	R MARRIED DI	BALTIMORE CITY OR COL		1 MD.
s offer d		ALTIMORE	(IF NOT IN SUCH FACILITY, GIVE ST			126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK		BUSINESS OR
NND 21201	13a 5	AL RESIDENCE (# NURSING HOME OR STATE 136 COUN	VITY I 3c. CITY OR 1		CITY LIMITS?	13 STREET ADDRESS CZIP 6	ster St	.21213
Warner Company	14. FA	Walter	COX LAST	Id		MIDDLE	Bird	a
, BALTIMORE, cote be executively by sixon and papers. Pages lavel.		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV UNKNOWN)				yton 1844 N.		
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	ly one couse per line for (0), (b D BY: E CAUSE (0) PESPI		ILURE		APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST ING PHYSICIAN: The low requires that the death cert r after this certificate has been signed by the attending post the buriol-transit permit. Then please remove corban th and Mental Hygiene prior to burial, cremation, or rea orked or them 18 shows any injury, or other traumatic ev		Conditions, if any, which gove rise to immediate cause 101, stating the underlying cause lost.	DUE TO, OR AS A CONSE	BLE CARDIA	ac AR	RHHTHMIA		
requires the real signed b	TION	PART 2. OTHER SIGNIFICANT OF	BRAIN DAMA	ACE DUE T	TO ASP	RATION PN	EUMONIA	9
TAL REC	CERTIFICATION	198 DATE OF OPERATION		HICH OPERATION WAS PERF		YES NOW IN C	IF YES, WERE FIND IN CERTIFYING CAUSES YES [
SICIAN. T ng physici certificate uriol-tronsi fem 18 sh	MEDICAL CE	? 10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR		RED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)	
DIVISIO ING PHY After this as the bir Ith and A	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFF		ET .	CITY OR TOWN	COUNTY	STATE
ATTEND SSPIND O SSPIND O SECTOR: A for use of Hear was m 21 is m			tol) oftended the deceased from V 22. It) view the bady ofter death.	19_\$5_, and that in (m)	y) (our) opinion	death occurred on the date one	d hour and from the	
SPITAL CONTROL OF THE POOR THE		276. SIGNATURE PLUY LEI 276 PHYSICIAN'S NAME HYPE O	amin &	22° ADDB	ECC	MEDICAL STAFF DIRECTOR PHYSICIAN		2/85
O HOSPITAL efolined by the TO FUNERAL should be det with the Store		PERRY LEE	COLVIN.		NCIS S TIMO	RE, Mb.	MEDICAL	CENTER
BP	E	BURIAL, CREMATION, REMOVAL BURILA L	11/27/85	Baltimore	Cemete			M gate
DHMH - 16 50M 4/83 (VRA 15, 4)		uneral director arch Funeral	Homes 1101 DDR	Éast North		e rec'd, by registrar 256, re		TURE - Acting the little



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Υ,	FILES. HOURS	3. SE2	(I4 RA	Edgar	5. DATE OF BIRTH	Lee IA AGE (IN Y	BE TEARS IF UN	nnick		DATE	нтиом	2119 85	2d HOUR
)				hite	March 28	YEAR LAST BIRTH	DAY) MONTE			NOUNCED	11	2119 85	F 30
0	SAR YOUNG	7a B	RTHPLACE (STATE OF		7b. CITIZEN OF WHA		10		9 B		Y OR COUNTY		ID M
	UNERAL DIR UNERAL DIR FOR YOUR WITHIN 72		reign country)	ina	U.S.	A	MARRI	ED NEVER M	ARRIED		_		
	IS NE S NE		TY OR TOWN OF DE		11 NAME OF HOSP	ITAL, NURSING HOM	AE, OR OTH		12a. USUAL	OCCUPATION		76 KIND OF BU	
	PAGE 5		Baltimor	A		N. Charles		at-		of working life)	3 CM	Restaur	
-	3 TO BE	USU	AL RESIDENCE (IF IN N	NURSING HOME OF	R OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMIS	SION)					Restaul	anc
2120	33533		aryland	13b COUNT	Y	Baltimore	2	134 INSIDE CITY LIMIT			arles St	troot	0
/ 9	Minist -	14. F/	ATHER'S NAME		MIDDLE			15. MOTHER'S M			1163 0		
1	\$54370	U	nknown		WIDDLE	LAST		Unknown		MIDDLE		LAST	
V	MEES Z	160 V	VAS DECEASED EVE	R IN U.S. ARM		166. SOCIAL SECURI	ITY NO.	17 INFORMANT	Employer				- 1944
ALT	A SECOND		Yes	(# 163, 0116 1	WWII	241-09-74	446	Esther M	Martin, 1	724 N.	Charles	s St. 21	201
3	20.88 F. F.		18 CAUSE OF DEA	ATH (Enter only	y ane cause per line f	ar (a), (b), and (c).)						APPROXIMATE BETWEEN ONSET	
S N	EN EN EN E		PART I DEATH V	IMMEDIATI	E CAUSE (a) Ar	terioscler	otic	cardiova	scular d	isease			
STC	AND				DUE TO, OR A	S A CONSEQUENCE	OF						
E	E SAN SE		Canditions, if gave rise to	immediate	(b)								
× 1	WEN THE		cause (a) station		DUE TO, OR A	S A CONSEQUENCE	OF						
100	DA GOOD				(c)		1						
OMO	A B B EWA	2	PART Z DINER SIGNIFICA	INI CONDITIONS C	UNTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TER	RMINAL DISEASI	OR CONDITION GIVEN	IN PART 1 (g)				
REC	- GEAN	1 8	19g. DATE OF OPER	RATION	19h CONDITI	ON FOR WHICH OPE	PATIONW	AS PERFORMED?				20 AUTOPSY?	
TAL	S S S S S S S S S S S S S S S S S S S	100										PARTI	
DIVISION OF VITAL		CERTIFICATION	210 EXTERNAL CA		216. TIME OF I		21c HC	OW INJURY OCCU	URRED (ENTER NATUR	E OF INJURY IN ITE	M 18 PART I OR PART	1 YES X	NO LI
NO	HCAT THE V	1 4	UNDERLYING CONTRIBUTING	OR CAUSE OF D	HOUR A.M.	MONTH DAY YEA	AR						
/ISIC	PRA	MEDIC	214 INJURY OCCU	PDED	21e PLACE OF	FINJURY (AT HOME.		CATION					
9	WRIT WRIT ARD ARD VIE 2001	2	WHILE NO	T WHILE WORK	STREET, FACTO	RY, FARM, ETC.)	5	TREET	CIT	YORTOWN	COUN	474	STATE
	TE,				e of the remains amount	iber otopus hald be	Jutop	sy X. Inspe	ection , In	quiry .	and in my apir		
	SCHOOL STAN		death resulted fra		Anna X.	Albert D 5	menda	. Homicide	Undetermin			non	
	EXAM CERT UILD B UILD B WARY	15		171	7	114.	//	TITLE ISPECIF					
7	AHPERT -	1	SIGNATURE_	11	29may	1) junio	U_ m	Acting	ChiefEDICAL	EXAMINER	DATE	11/22	/85
	MEDICAL CUTETHE SE 4 SHOI FUNERAL ER DEATH	1.	EXAMINER'S NAMI	E mi									
	EXECUTE PAGE 4 TO RUN AFTER D	-	(TYPE OR PRINT)	HOIL	as D. Smi				Penn St.		o.MD.		
	EDCE44	730.B	URIAL, CREMATION,	REMOVAL 23		73c NAME OF CE			23d. LOCAT	WN	COUNT	TY STA	ATE
07/84 25M	BP	74 5	Burial UNERAL DIRECTOR		11/25/85	Garrison			ATE PECED AND ASSESSED	ings Mil	EĞISTRARISƏR	CENTRATURE	MD
-50	DHMH - 17			OUEN C	O 1 ADDRESS	Baltimor North Av	e, MD	201	01.53	DO /	PAR INCHES	SIAMBOKE	rh.
	(VR A15 ME (5))	101	TAULT OF L	TOWNER C	0., 100 W	. HOLCH AV	C. 71	201		4			

but the second of the second LANCE COLUMN DATE We concerned to the STERRET & POTES OF STORY OF THE STORY

on by the funeral director page 3 pe filed within 72 hours after death

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical

FOR STATE REGISTRAL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10				. 40
	ECEASED NAME FIRST		WIDDLE		AST	20 DATE OF DEATH	MONTH	DAY	YEAR	76 HOU	JR
	HELE	N E.	BER	GER			11	3	85	8	AM
3 SE	X	4 RACE		S. DATE O		& AGE LIN YEARS LAST BE	RTHDAY	IF UNI	DER I YEAR	IF UNDER	R 24 HRS
1	Female	Wh	ite	July	23 1901	84	YRS			2.00%	MIN.
7a. B	STRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TYOFE	DEATH		
	MD	U	SA	WIDOW		Baltimor	e C	ity			MD.
10 C	CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	170 USUAL OCCUPAT			KIND O	F BUSIN	ESSOR
	Baltimore		cy Hospi			Homem			-	n Ho	me
13a	STATE 136 CO		134 CITY OR TOW		13d INSIDE CITY LIMITS?	3601 Gre	/ ZIP CO	DE AY,	2121	18	
14. F	ATHER'S NAME		LAST		15 MOTHER'S MAIDEN NA				TOTAL		
	George	MIDDLE	Berger		Emma	WIDDLE	K	Clop	pel	1	
	WAS DECEASED EVER IN U.S.		166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDR	ESS				
	(YES NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	216 46 3	3708	George V.	Parkhurst	, B	alto	0., 1	ND	
	18 CAUSE OF DEATH (Enter	only one couse per	line far (a), (b), an	dici					APPROXI	MATE INTE	RVAL
	PART I. DEATH WAS CAU	ISED BY:	PARCINOMI		THE CECUM, ME	ETASTATIC			14 4	งกหรา	
	IMMED	IATE CAUSE (0)			110 000001 17 1 10				1-101	111121	D YOU
		DUE TO, O	R AS A CONSEQUE	ENCE OF							
- 0	Conditions, if ony, which	(b)_	•								
10	gove rise to immediate couse (a), stating the	DUETO	R AS A CONSEQUE	ENCECE							
	underlying couse last	00010.0	K AS A CONSCOOL	LINCE OF							
-	DART 2 OTHER SIGNIFICAN	12 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	ONTRIBUTING TO	DE ATU BUT	NOT RELATED TO THE TERM	BLU DISEASE OR CO.	101710114	20/51/0	. D. a. D. T. 1		
Z	PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ON KIBOTING TO L	DEATH BUS	NOT RECATED TO THE TERM	INAL DISEASE OR COL	IDITION	PINEW IL	V PARI I	0	
CERTIFICATION	190 DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20g AUTOPSY?	70b IF 1	YES WE	RE FINDIN	NGS LISE	D
FIC	The Brite of oreminer		more row winer	OI CKALLO	THE TEN OWNED		IN CER	TIFYING	CAUSES	OF DEA	TH?
ERT	210 ACCIDENT WAS UNDERLYING	7 21b. TIME C	E IN ILIPY		21c HOW INJURY OCCURE	YES NO X		YES [000.00000	NO [
	OR CONTRIBUTING CAUSE OF	La contra de	M. MONTH DA	AY YEAR	THE HOW MYSOKI OCCORP	LENIER MATURE OF INJ	JRT IN HEM I	8 PARI C	JR P ART 2)		
S	(IF EITHER NOTIFY MEDICAL EXAMI		М.	19							
MEDICAL	214 INJURY OCCURRED		OF INJURY	ARM ETC)	2H LOCATION STREET	CITY OR T	OWN	0	COUNTY		STATE
-	AT WORK NOT WHILE										E CO
	22a I certify that K (this ha	spital) attended th	ne deceosed from_	10/2	, 19. 85	10_11/3		19_	85_	that (l) (ye) lost
	sow the deceased alive above (1) (we) (did) (did	on 11/3	ofter death	65	nd that in my (our) opinion (death occurred on the c	ote and h	our ond	from the	couses st	oted
	72b. SIGNATURE	not view the body	aner deam		DEGREE				22c DATE	SIGNED	
	AMALAN	200			ATTENDING PHYSICIAN	MEDICAL STA	FF	,	11/2	lor	
	22d. PHYSICIAN'S NAME CITE	PE OR PRINTI			1270 ADDRESS WERA	DIRECTOR PHYSI	LIAN		1112	1192	
	JULIE A.	MASON			ST. PAUL PLA	CE , BALTI	MORE	5,1	1D		
23a.	BURIAL, CREMATION, REMOV				EMETERY OR CREMATORY	23d LOCATION	14, 14	1.01	UNIY		STATE
	Burial	11/6/			on Park	Balto.	3 0	-		MD	
24 F	UNERAL DIRECTO Henry	/ W . le	nkine %	Sons	CO 250. DAT	PLEE DARRECHAR	256: REGI	BIRARI	PARASIE	Orthodo	all a
	4905 York Ro	ad Balt	O. MD	2	1212	01 03 1903	U				
			TY TY	lima							

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TENDING PHYSICIAN The low

etained by the hospital or attending physician.

BP.

DHMH - 16 60M 7/84

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Harmond June Branch Collins of the State of

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Land W. Joniine ? Bod S.

Jens Yor Feed Eelto, Woodse

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DHMH 16 60M 7/B4

(VRA 15, 4)

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MPORTANT, If Hem 21 is

STATE OF MARYLAND

- STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.					
1 DECEASED NAME FIRST HERE	bert Gerard	Ber	kheimer	November 27	1985 2:30 M				
3 SEX Male	4 RACE White	S DATE O		6 AGE (IN YEARS LAST BIRTHDAY) 53 YRS	IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.				
70. BIRTHPLACE (STATE OR FOREIGN	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED		Baltimore (ity MD)					
Baltinore	616 South	HOSPITAL, NURSING HOME OR OTHER INSTITUTION OUT ELEMAND AVENUE AVENUE		120 USUAL OCCUPATION [TYPO WORK FOR MOST OF WORKING LIF	Balto. (ity				
Maryland =	OUNTY 13CKITY,OR		13d. INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE	ood Ave. 21224				
14 FATHER'S NAME Herbert	D. Berkh	eimer	Josephin		taudenmaier				
	ARMED FORCES? 166 SOCIAL CORECT 166 SOCIAL	SECURITY NO.	Joan M. Ber	theimer 616 S.EL	lwood Ave.				
PART I. DEATH WAS CA	er only one couse per line for 10), (USED BY: DIATE CAUSE (0)	by ondic	tachycardia	2 & Sibrillation	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost	DUE TO, OR AS A CONS	nary.	atheroscle						
PART 2 OTHER SIGNIFICA	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 199. DATE OF OPERATION 199. CONDITION FOR WHICH OPERATION WAS PERFORMED 199. AUTOPSY 2 128b. IF YES. WERE FINDINGS USED.								

	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED				20b. 1F YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?	
				YES 🗌	NOR	YES	NO 🗌
,	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUP	RED (ENTER NA	TURE OF INJUR	Y IN ITEM TO PART I OR PART	2)

MONTH OR CONTRIBUTING __ CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 214. INJURY OCCURRED 21e PLACE OF INJURY

211 LOCATION (AT HOME STREET FACTORY OFFICE FARM ETC) STREET

CITY OR TOWN

COUNTY

STATE

22a I certify that (Lithis hospital) ottended the deceased from saw the deceased alive on obove. (1) (we) (did) (did not) view the body and that in (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 22d. PHYSICIAN'S NAME

230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY Sacred Heart of Jesus

harles S. Zeiler & Son Inc. 901 S. Conkling St.

Jacob Marie 11-30- conditions of conditions of the state of the state